

## Aboriginal Men's Community Brief Intervention Service Referral Form

### We Can Together Program

Date of Referral: .....

Client Name: .....

Phone: ..... DOB: .....

Address: .....

Email: .....

How did you hear about us:

☐ Newspaper

☐ Police Advised

☐ Recommended by Friends/family

☐ Agency Referral

Other (please specify): .....

Are you a Gascoyne Outreach Service client:

☐ Yes

☐ No

Impairment:

☐ Yes

☐ No

☐ Not asked

Type of Impairment:

☐ Physical

☐ Neurological

☐ Psychiatric

☐ Sensory

☐ Intellectual

Next of Kin

Name: ..... Phone: .....

Address: .....

Relationship to you:

☐ Wife

☐ Partner

☐ Sister

☐ Brother

☐ Aunt

☐ Carer

Person making referral:

☐ Self

☐ Staff

Agency Contact Details: .....

Referral source requires feedback from program facilitators:

☐ Yes

☐ No

Referral required attendance record:

☐ Yes

☐ No

Is your Client Aware of this referral:

☐ Yes

☐ No

## People Affected by Man's Behaviour

(List of children immediate under their primary adult carer)

| Family | First Name | DOB | Address | Phone | Relationship to |
|--------|------------|-----|---------|-------|-----------------|
|        |            |     |         |       |                 |
|        |            |     |         |       |                 |
|        |            |     |         |       |                 |
|        |            |     |         |       |                 |

### Crimes Against Person

- |  |  |                                    |
|--|--|------------------------------------|
| <input type="checkbox"/> Physical (causing injury) | <input type="checkbox"/> Physical (not causing injury) | <input type="checkbox"/> Sexual    |
| <input type="checkbox"/> Stalking                  | <input type="checkbox"/> Threats                       | <input type="checkbox"/> Pet Abuse |

### Property Crimes

- |  |  |
|--|--|
| <input type="checkbox"/> Property damage (serious) | <input type="checkbox"/> Property damage (minor) |
| <input type="checkbox"/> Theft                     | <input type="checkbox"/> Other                   |

### Other forms of abuse

- |                                    |                                    |  |
|------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Emotional | <input type="checkbox"/> Verbal    | <input type="checkbox"/> Social        |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Spiritual | <input type="checkbox"/> Strangulation |

### BEHAVIOUR

Summary of services the man has previously used:

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Summary of presenting issues leading to this referral:

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Summary of current case plan:

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What attitude, beliefs and behaviours does the man need to address?

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Safety Concerns:

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Please forward all referral to GRAMS/ GOS Men's Intervention Coordinator:

Kameli Rova

kameli.rova@gos.asn.au

