



## SELF-REFERRAL FORM

Please complete all sections of this form, to the best of your ability, and return to Turning Corners Intake via either;

**POST** Bravehearts Foundation PO Box 549  
Spring Hill Qld 4004

**EMAIL** scan all pages and email to  
bis1@bravehearts.org.au

**FAX** (07) 5552 3088

### SECTION 1 REFERRER DETAILS

#### 1.1 DETAILS OF THE REFERRER

Full name: \_\_\_\_\_

Relationship to young person: \_\_\_\_\_

Address: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email: \_\_\_\_\_

### SECTION 2 CLIENT DETAILS

#### 2.1 DETAILS OF YOUNG PERSON BEING REFERRED

First name: \_\_\_\_\_

Middle name: \_\_\_\_\_

Surname: \_\_\_\_\_

Preferred name/s: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender identity: \_\_\_\_\_

Cultural identity: \_\_\_\_\_

Current address: \_\_\_\_\_

\_\_\_\_\_

## 2.2 FAMILY DETAILS

Caregiver 1: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Caregiver 2: \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship status:  Married  De facto  Separated  Divorced

Contact number: \_\_\_\_\_

Is Voicemail ok? Yes  No

Is Email ok? Yes  No

Are there any parenting orders in place? Yes  No

Is the Primary Caregiver also the Client's Legal Guardian? Yes  No

**NOTE:** If 'No', please be advised all Bravehearts Consent Forms can only be completed and signed by the child(s) Legal Guardian.

## SECTION 3 REASON FOR REFERRAL & PRESENTING ISSUE

### 3.1 DETAIL WHAT PROMPTED THE CURRENT REFERRAL AND HOW YOU WOULD LIKE TURNING CORNERS TO SUPPORT THIS YOUNG PERSON.

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### 3.2 DETAILS OF PROFESSIONALS INVOLVED

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If sexual assault has occurred, has this been reported to:

police  child safety  both

Has the client been charged by Queensland police? YES  NO

Is there youth justice involvement?

YES

NO

Has the legal guardian and/or relevant agency agreed to pay the \$150/per session fee?

YES

NO

**SIGNATURE**

Signed: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

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