



Sexual  
Assault  
Support  
Service

**Office Use Only**

CLIENT ID:.....  
 PRIORITY RATING: P1  P2  P3   
 DATE ALLOCATED: .....  
 COUNSELLOR: .....  
 SENIOR PRACTITIONER:.....

**SASS Referral**

Please email completed form to: [referrals@sass.org.au](mailto:referrals@sass.org.au)

Date of Referral:	Referring Person/Agency:	Referrer Contact Details:	
Client Consent Obtained: Y <input type="checkbox"/> N <input type="checkbox"/>		Referral taken by:	
Has the client accessed SASS previously? Yes? <input type="checkbox"/> No? <input type="checkbox"/>		Redress Scheme Client: Y <input type="checkbox"/> N <input type="checkbox"/>	
Legal Orders in place: Y <input type="checkbox"/> N <input type="checkbox"/> <input type="checkbox"/> Child Protection <input type="checkbox"/> Family Court <input type="checkbox"/> Police Involvement <input type="checkbox"/> Forensic Medical <input type="checkbox"/> Other			
Details of Legal Matters (include any contact names):			
Has the client (adult or child) experienced or witnessed Family Violence? Y <input type="checkbox"/> N <input type="checkbox"/> If possible, please provide details.			
<b>ADULT CLIENT</b>			
Name:	Gender: M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	Date of Birth:	Age in years:
Safe contact details (landline, mobile & email- circle preferred form of contact):		Aboriginal or Torres Strait Islander Y <input type="checkbox"/> N <input type="checkbox"/>	
Residential Address:		Support Person contact details:	
Postal address:	Who else is living in the home?		Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>
Residential Address:		Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>	
Postal address:	Who else is living in the home?		Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>
<b>CHILD/ADOLESCENT CLIENT</b>			
Name:	Gender:	Date of Birth:	Age in years:
Residential Address:		Aboriginal or Torres Strait Islander Y <input type="checkbox"/> N <input type="checkbox"/>	
Postal address:	Who is the child current living with (i.e. foster carer/kinship carer/biological parent/s):		Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>
Postal address:		Is this a safe form of contact? Y <input type="checkbox"/> N <input type="checkbox"/>	
Who is the child current living with (i.e. foster carer/kinship carer/biological parent/s): •			
Who else is living in the home?			
Current Carer(s) (relationship to client):		Contact details (landline, mobile & email- circle preferred form of contact):	
Biological Parents:		Contact details:	

## Referral Details

What are the presenting issues for the client?	•
Please provide details of the sexual assault/PSB history (if possible)?	•
What are the client's key difficulties at present? (i.e. mental health/self harm/drug & alcohol/homelessness etc)	•
Is client currently safe from further sexual assault/abuse?	•
What is the client's support network (both social and professional)?	•
Should a Child Protection Notification be made? If so, record date and name of CPS Worker:	•
What are the client's strengths/ current coping strategies?	•
What support does the client need from SASS? (e.g.: counselling, court, police report)	•

Accessing SASS		
Why now? What's changed? What made you ring today?	•	
Does the client need support to access SASS? (e.g. disability, interpreter, support person, medical, cultural, anxiety/mental health, etc.)		
Are there any indications for safety issues for SASS workers with the client? (e.g. anger issues, psychosis, client views worker as threat etc.)	•	
What are the best times/days for SASS appointments?		
Does the client prefer female or male counsellor?		
Is the client interested in:	Cancellation List (for Brief Intervention 1-3 sessions)  Y <input type="checkbox"/> N <input type="checkbox"/>	Possible Group Sessions  Y <input type="checkbox"/> N <input type="checkbox"/>

Referral priority –SASS use only	
<b>Priority rating:</b>	
<b>Rationale:</b> Consider: <ul style="list-style-type: none"> <li>• Current safety/risks</li> <li>• Acuity and duration of trauma symptoms</li> <li>• Self-soothing and strengths</li> <li>• Social supports</li> <li>• Daily functioning/self-care</li> </ul>	•