

**Lighthouse**, a free mental health treatment service for young people experiencing the impacts of past complex trauma

**Lighthouse respectfully requests that the young person is given the opportunity to contribute to the content of this referral and has consented to the sharing of all information in this document.**

### Eligibility Criteria:

Age 12 - 18

Living on Gold Coast

History of Complex Trauma: Yes   Suspected

Complex Trauma is exposure to multiple traumatic events which are usually severe and pervasive. Please indicate which applies, if known. Examples are, but not limited to: physical, sexual, emotional abuse; parental substance abuse, parental separation, mental illness in the household, incarceration of a family member; neglect, abandonment.

### Symptoms of Complex Trauma: (please tick all that are observed and/or reported)

Emotional Dysregulation

Avoidance

Dissociation

Hypervigilance

Impaired Self Development

Flashbacks

Disorganised Attachment

Nightmares

How does the young person's complex trauma continue to impact upon their functioning?

**Exclusion criteria** if a young person is experiencing co-morbid symptoms that will negatively impact engagement in therapeutic work for trauma they will be supported to engage in more appropriate services and invited to re-engage when stabilised. For more information please see our webpage.

## Young Person's Details:

First Name	<input type="text"/>
Family Name	<input type="text"/>
Preferred Name	<input type="text"/>
Date of Birth	____/____/____
Gender	<input type="text"/>
Preferred Contact Number	<input type="text"/>
Address	<input type="text"/> <input type="text"/>

## Support Person's Details:

Name	<input type="text"/>
Preferred Contact Number	<input type="text"/>
Nature of Relationship to Young Person	<input type="text"/>

## Referrer Details:

Date of Making Referral	____/____/____
Name	<input type="text"/>
Referrer's Position	<input type="text"/>
Organisation	<input type="text"/>
Preferred Contact Number	<input type="text"/>
Email	<input type="text"/>
How Did You Hear About Lighthouse?	<input type="text"/>
Current and Ongoing Involvement	<input type="text"/>
Other services currently supporting the Young Person	<input type="text"/>

## Consent:

**Please NOTE: Referrals will not be processed without signed consent from the young person.**

I am aware that this referral is being made. I understand that I can withdraw from this referral or from the referred service at any time.

I give permission for Lighthouse to use my contact details above for future contact with me.  Yes  No

I give permission for Lighthouse to use the contact details of the support person named above to organise initial appointments.  Yes  No

I give permission for Lighthouse to contact the referrer and advise once an appointment has been arranged.  Yes  No

Signed:\_\_\_\_\_ Print Name:\_\_\_\_\_ Date:\_\_\_\_\_

*If under 18 years of age authorisation ideally should also be provided by a parent/carer/kin, if appropriate.*

Parent/Guardian Signed:\_\_\_\_\_ Print Name:\_\_\_\_\_ Relationship:\_\_\_\_\_

**PLEASE ATTACH ANY RELEVANT COLLATERAL INFORMATION AND FAX REFERRAL TO  
07 3532 0218 OR EMAIL LIGHTHOUSE@LIVESLIVEDWELL.ORG.AU**