

**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                      Living in Safe and Stable Accommodation

History of Complex Trauma:    Yes                      No                      Suspected  
Complex Trauma is exposure to multiple traumatic events which are usually severe and pervasive.

Current Exposure to Ongoing Trauma:                      Yes                      No                      Suspected

Please indicate which applies, if known:

Physical Abuse	Mental Illness in the Household
Sexual Abuse	Incarceration of a Family Member
Emotional Abuse	Neglect
Parental Substance Abuse	Abandonment
Parental Separation	Medical Trauma
	Other: _____

### 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 past experiences continue to impact them currently?

**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"/>
Last Name:	<input type="text"/>
Preferred Name:	<input type="text"/>
Date of Birth:	____/____/____
Gender:	<input type="text"/>
Pronouns:	<input type="text"/>
Contact Number:	<input type="text"/>
Contact Email:	<input type="text"/>
Address	<input type="text"/> <input type="text"/>

## Support Person's Details:

First Name:	<input type="text"/>
Last Name:	<input type="text"/>
Nature of Relationship to Young Person:	<input type="text"/>
Contact Number:	<input type="text"/>
Contact Email:	<input type="text"/>

## Referrer Details:

Date of Referral:	____/____/____
Name:	<input type="text"/>
Referrer's Position:	<input type="text"/>
Organisation:	<input type="text"/>
Contact Number:	<input type="text"/>
Contact Email/Fax:	<input type="text"/>
How did you hear about Lighthouse:	<input type="text"/>
Current and Ongoing Involvement:	<input type="text"/>
Other Services currently supporting this Young Person:	<input type="text"/>

## Consent:

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

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**