

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 <input type="checkbox"/> | Mental Illness in the Household <input type="checkbox"/> |
| Sexual Abuse <input type="checkbox"/> | Incarceration of a Family Member <input type="checkbox"/> |
| Emotional Abuse <input type="checkbox"/> | Neglect <input type="checkbox"/> |
| Parental Substance Misuse <input type="checkbox"/> | Abandonment <input type="checkbox"/> |
| Parental Separation <input type="checkbox"/> | Medical Trauma <input type="checkbox"/> |
| Exposure to Domestic Violence <input type="checkbox"/> | Other: _____ <input type="checkbox"/> |

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

- | | |
|--|---|
| Emotional Dysregulation <input type="checkbox"/> | Avoidance <input type="checkbox"/> |
| Dissociation <input type="checkbox"/> | Hypervigilance <input type="checkbox"/> |
| Impaired Self Development <input type="checkbox"/> | Flashbacks <input type="checkbox"/> |
| Disorganised Attachment <input type="checkbox"/> | Nightmares <input type="checkbox"/> |

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:

Last Name:

Preferred Name:

Date of Birth: / /

Gender:

Pronouns:

Contact Number:

Contact Email:

Address:

Emergency Contact Details:

First Name:

Last Name:

Nature of Relationship to Young Person:

Contact Number:

Contact Email:

Referrer Details:

Date of Referral: / /

Name:

Referrer's Position:

Organisation:

Contact Number:

Contact Email/Fax:

How did you hear about Lighthouse:

Current and Ongoing Involvement:

Other Services currently supporting this Young Person:

Consent:

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

Written Consent:

Verbal Consent:

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: _____

*If no consent is received from a parent/guardian, a declaration is required from the referrer in order for the referral to be processed. A referral will **not** be processed without guardian consent or referrer declaration.*

If written consent cannot be obtained, confirm below verbal consent:

Young person name: _____ Date: _____

Parent/Guardian Name: _____ Date: _____

Referrer Signature: _____ Date: _____

*If no consent is received from a parent/guardian, a declaration is required from the referrer in order for the referral to be processed. A referral will **not** be processed without guardian consent or referrer declaration.*

Referrer Declaration (Gillick Competence)

I have established that the young person is not willing/able to nominate a parent or guardian who can consent to Lives Lived Well services on the young person's behalf. Through clarifying discussions with the young person, I am confident that they have the ability and intelligence to understand fully the type of services that they are consenting to, and the limits to confidentiality.

Referrer Signed: _____ Print Name: _____ Date: _____

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