



## 2 Spirits Referral Form



Client Details			
Name			
Preferred Name			
Pronouns			
Date of birth			
Current address			
Contact number			
Criminal history (including sexual or violent offending)			
Identify as Aboriginal	YES / NO		
Identify as Torres Strait Islander	YES / NO		
Sexuality, Gender, Body (how does client identify) LGBTIQAP+ Sistergirl, Brotherboy			
Case Officer Details			
Name			
Service/Organisation			
Phone			
Email			
Areas of support required			
Alcohol & Other Drugs	YES / NO	Cultural Support	YES / NO
Mental Health	YES / NO	Coming Out	YES / NO
Sexual Health	YES / NO	LGBTIQ+ Peer Networks	YES / NO
Counselling	YES / NO	Relationships	YES / NO
Reason for referral			
<p><i>Please provide a brief summary of the reasons for your referral, including details about current concerns and support required from a 2 Spirits collaborative case management plan. Details about self-harm or illicit drug use to be noted.</i></p>			
Does the client consent to the referral?		YES / NO	
Is there any staff safety concerns associate with the client?		YES / NO	

Please forward your referral form to [2Spirits@quac.org.au](mailto:2Spirits@quac.org.au). You will receive communication from 2 Spirits at Queensland Council for LGBTI Health once your referral is reviewed.