



# Referral to Wentworth Forensic Clinic

Client name

Date

Risk Level

MIN

DOB

Ph

Type of order

Order expiration

Index offences

Outstanding charges?

Referring officer

Office location

Next report date

Reporting pattern

I would prefer to be approached about this client

In person

Via email

What is your concern about this offender? Would you like a consult prior to determining intervention?

In your opinion, what should be the focus of assessment and/or treatment?

### Assessment

- Intellectual / Statewide Disability Services
- Cognitive functioning (memory, attention, planning)
- Mental Health / psychopathology
- Program suitability
- Suicide risk
- Violence/Domestic Violence risk
- Other:

### Treatment

- Mental health issue
- Offending Behaviour
- Anger and aggression
- Trauma/Bereavement/Grief
- Addiction (alcohol, drugs, gambling)/ relapse prevention
- Mood (anxiety, depression)
- Interpersonal and relationship problems
- Other:

Other Relevant Information:

Is early termination being considered? \_\_\_\_\_

Yes  No

Intake Session discussed?

Yes  No

Booked for 4pm Wednesday session

on

Office use only ↓

Referral Number:

Date:

Entered into referral list

- Please submit this referral form via email or hardcopy to WFC with attention to the Director
- For further information: email [wfc@unsw.edu.au](mailto:wfc@unsw.edu.au) or visit <http://wfc.psy.unsw.edu.au>