



TOUCHING NATIONS

A COMMUNITY BASED ORGANIZATION OFFERING COMPREHENSIVE WELLNESS SERVICES.

VEP

CONFIDENTIAL - REFERRAL FORM: Adult abuse or Trauma Intake

Please complete the following referral form when requesting **therapeutic counselling** services from Touching Nations. We render individual and group counselling for all types of **Abuse and Trauma** to persons aged **18 years and older** that reside within **Elsies River, Delft and its surrounding areas**. There may be a waiting list. Hence, the Social Worker or Social Auxiliary Worker will contact the client for an appointment as soon as possible.

➤ Details of person concerned:

Name: _____ **Age/ DoB:** _____

Sex: Male / Female **Gender:** _____

Languages: _____ **Race:** _____

Education level: _____ **Marital status:** _____

Address: _____

Contact numbers: _____

Alternative contact numbers: _____

Dependants (children):

Relationship	Name	Age/ DoB	Other

Employer: _____

Job title: _____ **Work number:** _____

Other (e.g. SASSA grant): _____

➤ Case information

Type of Abuse

Physical	Sexual	Rape	Emotional	Verbal	Trauma	Other
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Reason for referral (brief history):

When did incident occur: _____

Where did incident occur: _____

If abused, what was the duration? Or was it Once-off? _____

***Details of abuser: (if applicable)**

Name: _____ **Sex:** Male / Female

Contact numbers: _____

Relationship to person concerned: _____

➤ **Referral process:**

What has been done to address the concern before referral?:

Will there be ongoing involvement by your organisation? Yes / No

If yes, in what capacity? _____

Is the person concerned aware that you have made a referral to Touching Nations? Yes / No

Is the person willing to travel to Touching Nations in Matroosfontein for services? Yes / No

➤ **Referred by:**

Name: _____ **Job title:** _____

Organisation: _____

Contact details: (T) _____ **(C)** _____

(E-mail): _____

Address: _____

Signed: _____ **Date:** _____