



QPASTT

Queensland program of assistance
to survivors of torture and trauma

People eligible to access QPASTT services include those who have a refugee background and a history of torture and trauma prior to arrival in Australia, and who are experiencing psychological or psychosocial difficulties believed to be associated with their experience of torture and trauma.

QPASTT also offers specialised early intervention programs including:

- (1) Young people [12-24] at risk of suicide or self-harm
- (2) Families at risk of relationship breakdown

QPASTT is not a crisis service and is unable to respond immediately.

When there is an immediate risk of harm to self or others, please refer to an emergency service or call 000.

Further information about QPASTT services is available on www.qpastt.org.au

All referrals are discussed at QPASTT's weekly referral meeting

Please complete one form per person.

Client Details:

Date: _____

Name: _____ Male Female

Address: _____

Telephone: _____ Mobile: _____

Date of Birth: _____ Country of Birth: _____ Ethnicity: _____

Preferred Language/s: _____ Interpreter Required Yes No

Interpreter Preferences: _____

Referrer Details:

Name of Worker: _____ Referring Organisation: _____

Telephone: _____ Mobile: _____

QPASTT Main Office

ABN: 50043097082

Address: 28 Dibley Street, Woolloongabba Qld 4102

Postal Address: PO Box 6254, Fairfield, Qld 4103

T: +61 (0)7 3391 6677 **F:** +61 (0)7 3391 6388 **E:** admin@qpastt.org.au

Email Address:

Visa Status:

Permanent Visa: Temporary Visa: Persons Seeking Asylum:

Date of Arrival:

Family Information:

Please indicate if you have concerns about any other family members:

Number of family members living with you:

Please list all family members including how they are related to you:

Given Name	Surname	Date of Birth	Gender	Relationship to you

Referral Information:

What help do you require? Individual Counselling Family Counselling Group Work

Details:

Please tell us how you are feeling

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I often feel sad or cry a lot	<input type="checkbox"/>
I sometimes feel very angry	<input type="checkbox"/>
I have family relationship difficulties	<input type="checkbox"/>
I have difficulties falling asleep	<input type="checkbox"/>
I can't stay asleep and have bad dreams	<input type="checkbox"/>
I feel scared /fearful to go to work/school/out	<input type="checkbox"/>
I worry a lot of the time	<input type="checkbox"/>
I drink a lot of alcohol or use drugs or medication to feel better	<input type="checkbox"/>
I have stomach and body aches with no medical reason	<input type="checkbox"/>
I cannot concentrate and forget things	<input type="checkbox"/>
I sometimes think about hurting myself or someone else	<input type="checkbox"/>

Is there anything else you would like to tell us about your feelings and/or situation:

Supports:

Could you please let us know if there are any other people and/or services supporting you at the moment? Are you attending school? If you are, which school please give us the name of the school.

Other current agencies or schools/TAFE involvement including Contact person/s and contact details:

Agency/Education Centre:

Name of Worker/Teacher:

Contact Number/s:

Email Address:

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