



Referral form Swedish Red Cross Treatment Center for Victims of Torture and War

The Red Cross treatment center help people who are suffering from different kinds of mental health issues following traumatic experiences of war, torture and/or severe migration journeys. At our treatment center we have a professional team of psychologists, physiotherapists and welfare officers. Please fill in the following referral form in as much detail as possible! You are welcome to contact us if you have any questions.

When we receive your referral, we will handle it in our team and then contact the patient as soon as possible. It is therefore important that the contact information of the patient is as complete as possible.

Date of referral:

Referrer details

Agency:

Administrator:

Address:

Phone number:

Is the patient informed that this referral has been sent?

Caregiver/"god man"/other person whom we are allowed to contact:

First name: Surname:

Address:

Phone number:

Is the caregiver/"god man" informed that this referral has been sent?

General information about the person who is seeking help:

First name: Surname:

"Personnummer"/date of birth:

Address:

.....

Phone number:

Sex: Marital status:

Children (enter year of birth):

Country of origin:

Language (accent, specify if necessary):

Need for an interpreter Yes No

Special requests regarding interpreters:

Arrival to Sweden:



Legal status

- Permanent residence permit If yes, since which date:
- Temporary residence permit If yes, since which date:
- Asylum seeker If yes, LMA-number:
- Undocumented

Occupation:

Education:

Background

Brief background history:.....
.....
.....

- | | | | |
|---|------------------------------|-----------------------------|-------------------------------------|
| Experiences of war? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Captivity? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Been exposed to torture? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Been exposed to severe physical violence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Witnessed severe physical violence? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Severe migration-related stress? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |
| Relative of a traumatized refugee? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Don't know |

Current information

Current mental health issues:
.....
.....

Current diagnosis:

Past treatment:

Current medications:

 Prescribed by:

Assessment of need for care and/or support:.....
.....