

**TURANA YOUTH TRAINING CENTRE
HEALTH REFERRAL FORM**

Name: BDA Age: 15

Date: 12/10/1993

Section/Unit: REMAND Status: REMANDEE

Keyworker: COLIN CAMPBELL

Referring Person: COLIN CAMPBELL

Earliest Release Date: On remand to 12th November, 1993 (TO BE VERIFIED)

Region: Seaford - Colin Austin
NON LISTED Regional Worker: BHC
FRANKSTON C.S.V.

Reason for Referral:

The nature of the offences that BDA is charged with
and the victims age and/or physical condition indicates
that BDA may need to be assessed or counselled.

Current level of function in Section:

Management problem peer difficulties withdrawn other

At risk to Self or others

Significant change in emotional state Yes No

Recent crisis or event Yes No

Specify RECENTLY BDA was put on the "DOG" by REDACTED.

Since then he has been assaulted by several boys on several occasions.

Issues related to Drug or Alcohol use Yes No

To be completed at referral meeting

Plan of Action: BDA seen by K. Rhodes on
12/10/93. Referral made to
MAPPs program.
Dr. Oguluy aware of physical risk
of harm by others in section
Signed: KRhodes. Date: 13/10/93