***REFERRAL FORM***

***ALCOHOL & OTHER DRUG SERVICES (AODS)***

***Client Details:***

|  |  |  |  |
| --- | --- | --- | --- |
| ***NAME*** |  | | |
| ***D.O.B*** |  | | |
| ***ADDRESS*** |  | | |
| ***CONTACT DETAILS*** | h: | m: | f: |
| ***EMERGENCY CONTACT PERSON & RELATIONSHIP TO CLIENT*** |  | | Ph: |

*Does the client identify as Aboriginal and/ or Torres Strait Islander*?*□* ***Yes***  *□* ***No***

***Consent:***

*Has the client provided consent for this Referral*? *□* ***Yes***  *□* ***No***

*If yes, please provide date consent was obtained*: Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

***If consent hasn’t been obtained the referral cannot proceed***

***Reason for referral:***

|  |  |
| --- | --- |
| ***Describe client’s current needs or issues of concern;*** |  |
| ***Details of current alcohol and/or drug use;*** |  |
| ***Background;*** *Relevant history for client, history of AOD use, mental health, physical health/disability, rehabilitation, hospitalisation, legal issues, housing, family, relationships, domestic violence, trauma.*  ***Include detail of any issues that pose risk to workers e.g. aggressive behaviours, criminal history*** |  |
| ***Are there any medical/ mental health issues or concerns;*** |  |
| ***Other services involved with client;*** |  |
| ***Any safety risks/ concerns*** *e.g. thoughts of suicide, deliberate self-harming behaviours* |  |
| ***Attach any other relevant information;*** |  |

***Referred by:***

***NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***AGENCY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***DATE OF REFERRAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***