

# Referral Form

Phone: (08) 9388 5000  
Fax: (08) 9380 9793  
Web: [www.sjog.org.au/dawn](http://www.sjog.org.au/dawn) e-mail: [dawn@sjog.org.au](mailto:dawn@sjog.org.au)

The Drug and Alcohol Withdrawal Network (DAWN) provide a Clinical Nurse Specialist to support your client in a planned, home based withdrawal treatment option for people choosing to safely reduce or cease their substance use. If you have any questions about whether your client is suitable for the DAWN service, please do not hesitate to speak with your locality DAWN CNS (if avail) or the DAWN triage CNS on 9388 5000.

## Consumer Information:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender \_\_\_\_\_  
Address: \_\_\_\_\_ Drug Free Environment: Yes  No   
Suburb: \_\_\_\_\_ Able to leave message: Yes  No   
Contact number: \_\_\_\_\_ Able to send postal mail: Yes  No   
Preferred Language: \_\_\_\_\_ ATSI: Yes  No   
**Able to take time off work/school as required:** Yes  No   
Support Person: \_\_\_\_\_ Contact number: \_\_\_\_\_

## Referrer details:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_ email \_\_\_\_\_  
Organisation: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Follow up plan \_\_\_\_\_  
Next Appointment: \_\_\_\_\_  
Any other agencies involved \_\_\_\_\_

**I agree to this referral and am happy for my information to be shared with DAWN via email, phone or facsimile.**

Referrer's signature \_\_\_\_\_ Consumer's signature \_\_\_\_\_  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

**\*NB: If you are an AOD or MH service, a copy of the client assessment is required in lieu of this page\***

**\* NB: PLEASE ATTACH ANY RELEVANT RISK ASSESSMENTS \***

**Substances: type; amount used and method of use:**

- Primary Drug
- Other Drug use
- Current medications

**Eligibility criteria will be based on the information below to ascertain whether DAWN is the most appropriate service for the client:**

Withdrawal history: (attempts/complications/seizures etc.)

General medical history: (diagnosis/hypertension/operations/hospital admissions/allergies /Pregnancy etc.)

Mental Health (diagnosis/treatment/admissions/suicide attempts or thoughts/self-harm):

Risk to/from others (violence/outstanding drug debt/VRO/problematic behaviour):

Legal (diversion client/forensic history/current charges/curfews/VRO's):

Any other relevant information: