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| **Referrer Details** |
| Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Agency:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / / |
| **Client Details** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: / / Age:\_\_\_\_\_\_ Gender: M □ F □ O □  Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode:\_\_\_\_\_\_\_  Contact Tel:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Aboriginal/TSI: Yes  No  Would they prefer an Aboriginal Worker Yes □ No □  Permission to leave a voice / text message: Yes □ No □  Permission to send mail to address provided Yes □ No □  Permission to exchange information with GP/referrer/relevant agencies Yes □ No □ |
| **Parent / Guardian /Significant Other Details (if applicable)** |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Contact Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Is the young person living with a parent Yes □ No □ Is the parent aware of referral: Yes □ No □  Has the young person given verbal permission to contact their parent/guardian: Yes □ No □ |
| **Reason for Referral / Drug Use History** |
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| **Current Medical/Mental Health Problem(s) and Prescribed Medication(s)** |
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| **Additional Relevant Information** |
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| **Identified Risks in Working with the Client** |
| History of Aggression/Violence: Yes □ No □ Currently Pregnant: Yes □ No □  History of Self-Harm/Suicidality: Yes □ No □ Positive for BBV: Yes □ No □  History of Unsafe Injecting Practice: Yes □ No Currently Lives Alone: Yes □ No □ |
| Has the client consented to the referral: Yes □ No □ |