

Centacare Drug and Alcohol Counselling referral form

Referral Date:			
Referring Agency:		Name Referring Person:	
		Contact Details:	

Client Information				
Given Names				
Date of Birth	____/____/____	Age:	Gender:	Aboriginal/Torres Strait Islander
Address				
	Post code			
Contact Details:	Phone:		Mobile:	
	Can we leave a message on these numbers?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Household Living Arrangements (e.g. lives alone, with others, partner, children, parents)				

Reason for referral (e.g. AOD issues including drug of choice, frequency of use, relationship issues, court ordered)

Other Issues/Supports involved (e.g. mental health, legal, physical)

Client consent

The purpose of this consent has been explained to me by _____

from _____ and I give permission to have my personal information shared with ***Centacare Outpatient Counselling AOD service*** for the purposes of referral.

I understand that once received, ***Centacare Outpatient Counselling AOD service*** will contact me and also confirm with the referrer the outcome of this follow up. This consent for sharing of information will expire within one month of the referral being received. I understand that sharing my information with ***Centacare Outpatient Counselling AOD service*** is done with the aim of ensuring I receive the best possible service.

Client Name			
Signature		Date of consent	
Name of Guardian/Carer (where applicable)			
Signature		Date of consent	

***Verbal consent should only be used where it is not practicable to obtain written consent.**

I have discussed how and why certain information about the client may need to be provided to or discussed with other service providers or nominated persons. I am satisfied the client understands the proposed uses and disclosures, and that the client has provided their informed consent for this to occur.

Reason written consent was not possible: _____

Name of referrer		Signature	
Position		Date	

Office Use Only	
Name of worker receiving referral	