

# Centacare Drug and Alcohol Counselling referral form

<b>Referral Date:</b>			
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.

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

**\*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:** \_\_\_\_\_  
\_\_\_\_\_

<b>Name of referrer</b>		<b>Signature</b>	
<b>Position</b>		<b>Date</b>	

<b>Office Use Only</b>	
Name of worker receiving referral	