**FM: Referral to Holyoake Individual & Family Services**

**Contact Details**

Phone: 9416 4444

Fax: 9416 4443

Clientservices@holyoake.org.au

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| **Referrer’s Details** |
| Referring Person |  | Job Title |  |
| Organisation |  |
| Contact Details | E-mail |  | Phone |  |
| Date of Referral |  |
|  |
| **Client Details** |
| First Name |  | Last Name |  |
| Date of Birth |  | Age | CircleFemale Male Other |
| Residential Address |  |
| Telephone Numbers | Mobile | Home | Work |
| Country of Birth |  | CircleAboriginal TSI CALD | Interpreter Required | CircleYes No |
| Own Use | CircleYes No | Other’s Use | CircleYes No | Relation to User |

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| --- |
| **Substance Use** |
| **Substance** | **Tick** | **Amount Used** | **Frequency Of use** | **Duration of Use** | **Additional Information** |
| Alcohol |  |  |  |  |  |
| Cannabis |  |  |  |  |  |
| Methamphetamines |  |  |  |  |  |
| Amphetamines |  |  |  |  |  |
| Heroin |  |  |  |  |  |
| Other Opiates |  |  |  |  |  |
| Hallucinogens |  |  |  |  |  |

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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 |
| Restraining Order | Yes | No |  |  |  |
|  |
| **Current Medical/Mental Health Problem(s) and Prescribed Medication(s)** |
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|  |
| **Other Agencies Involved (please complete and attach completed release of information)** |
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| **Reason For Referral** |
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| **Authority to Release and Obtain Information** |
| I [please print full name], …………………………………………………………………………………………….. of ……………………………………………………………………………………………………………..………….[please print current address]hereby consent to Holyoake releasing and obtaining reports and information as specified below: |
| Person | Agency |  |  |  | Address | Information |  |
| …………………………. | …………………………. | ……………………….… | ………….………… |
| …………………………. | …………………………. | ……………………….… | ………….………… |
| SIGNATURE:..………………..……………………………………………………………………………….. WITNESS: ………………..………………………………………………………………………………....... Please Print Full Name of Witness: ……..…………………………………………………………………DATE: .……/..……/ ..…… |