Aboriginal Sobriety Group
INDIGENOUS CORPORATION
ICN 8376

REFERRA L FORM

☐ Alcohol and Other Drugs Outreach Support
☐ LTW Men's Rehabilitation Centre
☐ LRHOH Women's Rehabilitation Centre
☐ Alcohol and Other Drug Counselling (Riverland only)
☐ Aboriginal Mental Health (Riverland only)

---------- Email referral form to: referrals@asg.org.au ----------

REFERRAL	
Date:	Referral Type: ☐ Self-Referral ☐ Community ☐ External Agency

REFERRED PERSONS DETAILS			
Given Names:		Surname:	
DOB:		Age:	
Aboriginal/Torres Strait Islander: ☐ Yes ☐ No Language group:		Interpreter Required: ☐ Yes ☐ No	
Address:			
Suburb:		Postcode:	
Phone:		Email:	
Has the person given consent for this referral (select box)	☐ Yes	☐ No	
Best time to contact client (select box)	☐ Weekdays	☐ Morning	☐ Afternoon
Best way to be contacted (select box)	☐ Mobile	☐ SMS	☐ Landline ☐ Email

REFERRING PERSON / AGENCY		
Referral By:		
Position:		
Agency:		
Phone:		Mobile:
Email:		
How did the referring person learn about Aboriginal Sobriety Group Indigenous Corporation?		

MANDATORY REQUIREMENTS

Please attach the following information

- ☐ Medicare Card
- ☐ Centrelink Card
- ☐ Basics card
- ☐ Drivers Licence
- ☐ Birth Certificate or Passport
- ☐ Client consented to 7 Day detox prior to entering rehabilitation
  (Please be aware DASSA Detox operates under a smoke free policy)

PRESENTING ISSUES / SUPPORT REQUESTED

DETAILS OF SUBSTANCE MISUSE

DRUG OF CONCERN	AVERAGE DAILY USE	ROUTE	DATE LAST USED

DIAGNOSED MEDICAL ISSUES ☐ NO ☐ YES (PROVIDE DETAILS)

PHYSICAL

EMOTIONAL/ MENTAL HEALTH (Please provide details of last episode or admission if applicable)

ANY RISK OF SELF HARM/SUICIDE (Please provide details of last episode or admission if applicable)

HISTORY OF VIOLENT BEHAVIOUR ☐ NO ☐ YES (PROVIDE DETAILS)

DETAILS OF ANY PRESCRIBED MEDICATIONS CURRENTLY USED		
PRESCRIBED MEDICATION	DAILY INTAKE	COMMENTS/ INSTRUCTIONS

NAME OF REGULAR GP AND CONTACT DETAILS

LEGAL ISSUES: ☐ NO ☐ YES (PROVIDE DETAILS)

LAWYERS NAME AND CONTACT DETAILS

IS THE PERSON HOMELESS ☐ NO ☐ YES (PROVIDE DETAILS)

PLEASE PROVIDE ANY OTHER RELEVANT INFORMATION (ATTACH PAGES IF REQUIRED)

Please attach copies of any relevant documents to the referral:

- ☐ Parole Conditions
- ☐ Bail Conditions
- ☐ Corrections Conditions
- ☐ Details of Upcoming Court Dates
- ☐ Hospital Discharge Summaries (if client still in hospital then include treating doctor report)
- ☐ Current Medication Scripts
- ☐ Mental Health Ward Discharge Summary (if client still in hospital - include treating doctor report)
- ☐ Psychiatrist Reports
- ☐ Treating Doctor Reports
- ☐ Depot Schedule
- ☐ Community Treatment Orders
- ☐ Public & Community Housing Application Details, Organisation details, Category Status, etc.

---------- PLEASE NOTE: ----------

Referred Person may not be eligible for Residential Rehabilitation Programs if the following:

- History of Non-compliance to medications, changes in medications, new medications
- Pending/current violent sexual charges, pending/current sexual charges, past violent sexual convictions, past sexual convictions

Referred person is not eligible to enter the Residential Rehabilitation Programs if the following:

- Home Detention Bail
- Clients on Methadone or Suboxone Programs
- Clients With Pending Sexual Offence Charges Against Children, Violent Offences Against Children, Sexual Offense Convictions Against Children, Violent Sexual Offence Convictions Against Children .

CLIENT RELEASE OF INFORMATION

I, ……, hereby give the Aboriginal Sobriety Group Indigenous Corporation permission to disclose and/or discuss any information about myself with relevant organisations.

I understand that this information will assist workers in meeting my needs as a client and coordinating appropriate services in order to maximise outcomes.

The contents of this authorisation have been explained to me and I understand the nature of the information that will be received and released about me. I also understand that, at my request, this consent form can be altered or changed at any time.

Please put a line through any services/organisations that you do not want staff discussing your information with.

☐ Aboriginal Legal Rights Movement (ALRM / PCP)	☐ Adelaide Day Centre
☐ Aboriginal Family Support Services (AFSS)	☐ Aboriginal Hostels Limited
☐ Uniting Communities	☐ ACIS
☐ Sonder Care / Closing the Gap	☐ KWY
☐ Alcohol and Drug Information Service (ADIS)	☐ Centrelink / MyGov
☐ Relationships Australia (RASA)	☐ Watto Purrunna
☐ Drug and Alcohol Services of SA (DASSA)	☐ Public Trustee
☐ Department of Correctional Services	☐ Disability SA
☐ Medical Centre:	☐ Hutt Street Centre
☐ General Practitioner:	☐ Life Without Barriers
☐ Solicitor:	☐ Nunkuwarrin Yunti
☐ Courts Administration Authority	☐ SA Health
☐ Nunga Mi:Minar / Ninko Kurtangga Patpangga	☐ SAPOL
☐ Moorundi Aboriginal Community Controlled Health Service	☐ Life Without Barriers
☐ South Australian Housing Authority	☐ Brian Burdekin Clinic
☐ Community Housing Organisations; • Anglicare SA • Portway Housing • Uniting SA • Westside Housing • Unity Housing • Women's Junction • Cornerstone • Baptist Care • Salvation Army • Housing Choices • IRIS • IHEP/OARS	
☐ Other: (Please Specify)	

Client Signature:…… Date:……

Witness Name & Signature:…… Date:……