Aboriginal Sobriety Group
INDIGENOUS CORPORATION

REFERRAL FORM

☐ Substance Misuse Team- Alcohol and Other Drugs Outreach Support
☐ Women's Rehabilitation Program - Leila Rankine House of Hope (LRHOH)
☐ Men's Rehabilitation Program - Lakalinjeri Tumbetin Waal (LTW)
☐ Social & Emotional Wellbeing (Riverland only)
☐ Aboriginal Mental Health (Riverland only)

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

REFERRAL			
Contact Date:	Referral Type (select box): ☐ Self-Referral ☐ External Referral		
Has the person given consent for this referral (select box)		☐ Yes	☐ No

REFERRED PERSONS DETAILS				
Given Names:		Surname:		
DOB:		Age:		
Aboriginal/Torres Strait Islander: ☐ Yes ☐ No		Interpreter Required: ☐ Yes ☐ No		
Address:				
Suburb:			Postcode:	
Phone:		Email:		
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?		

PRESENTING ISSUES/ SUPPORT REQUESTED

LEGAL ISSUES (PLEASE GIVE DETAILS)

LAWYERS NAME AND CONTACT DETAILS

HISTORY OF VIOLENT BEHAVIOUR TOWARDS ANYONE (PLEASE GIVE DETAILS)

IS THE PERSON HOMELESS (PLEASE GIVE DETAILS)

DIAGNOSED MEDICAL ISSUES (PLEASE GIVE DETAILS)
PHYSICAL
EMOTIONAL/ MENTAL HEALTH
ANY RISK OF SELF HARM/SUICIDE

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

DETAILS OF SUBSTANCE MISUSE			
DRUG OF CONCERN	AVERAGE DAILY USE	ROUTE	DATE LAST USED

NAME OF REGULAR GP AND CONTACT DETAILS

PLEASE INSERT 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 Summaries (if client still in hospital then include treating Doctor Report)
- ☐ Psychiatrist Reports
- ☐ Treating Doctor Reports
- ☐ Depot Schedule
- ☐ Community Treatment Orders
- ☐ Public & Community Housing Application Details, Organisation details, Category Status, etc.
- ☐ Copies of ID: Medicare Card, Centrelink Card, Drivers Licence, Birth Certificate 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
- Unstable Complex Mental Health Conditions
- 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
- *Clients who are on medications for physical or mental health,* ***will not be accepted*** *unless they come with at least 2 weeks' worth of medications, Webster Packs are preferred if there are more than 2 regular medications, and current scripts for all the medication.*

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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.

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

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.

☐ Aboriginal Legal Rights Movement	☐ Adelaide Day Centre
☐ Aboriginal Family Support Services	☐ Aboriginal Hostels Limited
☐ Uniting Communities	☐ ACIS
☐ Sonder Care / Closing the Gap	☐ KWY
☐ Alcohol and Drug Information Service (ADIS)	☐ Centrelink
☐ 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
☐ South Australian Housing Authority	☐ Brian Burdekin Clinic

☐ Community Housing Organisations

- Anglicare SA
- Unity Housing
- Salvation Army
- Portway Housing
- Women's Junction
- Housing Choices
- Uniting SA
- Cornerstone
- IRIS
- Westside Housing
- Baptist Care
- IHEP/OARS

☐ Other: (Please Specify)

Client Signature:.. Date:..........................

Witness Name & Signature:... Date:..........................