



## Referral Form (Drug, Alcohol and Rehabilitation services)

Email referral forms to:-  
[referrals@asg.org.au](mailto:referrals@asg.org.au)

Post referral forms to  
Aboriginal Sobriety Group Indigenous Corporation  
PO Box 7306, Hutt Street, Adelaide

### 1. REFERRAL

Contact date: ...../...../.....

Has the person given consent for this referral:      Yes       No

Client Type    Self-referral       External referral

### 2. REFERRED PERSONS DETAILS

Given Names ..... Surname .....

DOB...../...../..... Age.....

Address ..... Suburb .....

P/C.....

Phone..... Mobile.....

Other.....

Aboriginal/Torres Strait Island YES  NO  Male/Female (circle)

Interpreter required YES  NO

### 3. REFERRING PERSON / AGENCY

Referred by.....

Agency.....

Phone.....

..... Mobile.....

Email.....

How did referring person learn about Aboriginal Sobriety Group Indigenous Corporation?

.....  
.....

Best time to contact client    Weekdays       Morning       Afternoon  

Best way to be contacted    Mobile     SMS     Landline

Email.....

**4. PRESENTING ISSUES/ SUPPORT REQUESTED**

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**5. LEGAL ISSUES: (PLEASE GIVE DETAILS)**

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**6. LAWYERS NAME AND CONTACT DETAILS**

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**7. ANY HISTORY OF VIOLENT BEHAVIOUR TOWARDS FAMILY,  
WORKERS OR THE WIDER COMMUNITY**

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**8. IS THE PERSON HOMELESS: (PLEASE GIVE DETAILS)**

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**9. DIAGNOSED MEDICAL ISSUES: (PLEASE GIVE DETAILS)**

PHYSICAL

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EMOTIONAL/ MENTAL HEALTH

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.....

ANY RISK OF SELF HARM/SUICIDE

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**10. DETAILS OF ANY PRESCRIBED MEDICATIONS CURRENTLY USED:**

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## 11. NAME OF REGULAR GP AND CONTACT DETAILS

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## 12. DETAILS OF SUBSTANCE MISUSE

DRUG OF CONCERN	AVERAGE DAILY USE	ROUTE	LAST USED

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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 is not eligible to enter LTW or HOH Residential Rehabilitation Programs if the following:-

- Home Detention Bail
- Unstable Complex Mental Health Conditions or Medication Resistant Mental Health Conditions With History of Multiple Admissions to Mental Health Wards or Forensic Mental Health Wards
- 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 at** 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.*

Please Note:

Referred Person may not be eligible for LTW or HOH Residential Rehabilitation Programs if the following:-

- History of Non-compliance to medications, changes in medications, new medications
- Complex but stable mental health conditions, mental health conditions with recent admissions to mental health wards
- Pending/current violent sexual charges, pending/current sexual charges, past violent sexual convictions, past sexual convictions

**ABORIGINAL SOBRIETY GROUP INDIGENOUS CORPORATION  
STAFF USE ONLY**

(Office Use) Referral Taken By:	Referral Allocated To:
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182-190 Wakefield Street, Adelaide SA 5000

PO Box 7306, Hutt Street, Adelaide

Phone: (08) 8223 4204

Fax: (08) 8232 6685

Email: [referrals@asg.org.au](mailto:referrals@asg.org.au)

Website: [www.asg.org.au](http://www.asg.org.au)