



CP011 - REFERRAL TO CYRENIAN HOUSE FORM

REFERRER DETAILS

| | | | |
|--------------------------|--|---|---------------|
| Referrer's name | | Position: | |
| Organisation: | | Phone: | Email: |
| Date of referral: | | Is the person being referred aware of this referral? | |

CONSUMER DETAILS

| | | | |
|----------------------|--|-----------------------|--------------|
| Given Name: | | Family Name: | |
| Alias: | | Date of Birth: | |
| Address: | | | |
| Phone (Home): | | Mobile: | Work: |

Presenting Issues (e.g. substance of concern and levels of use, if known):

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Service Requested:

| | | |
|---|--|---|
| Individual Counselling <input type="checkbox"/> | Significant Other Counselling <input type="checkbox"/> | Family Counselling <input type="checkbox"/> |
| Residential (adult programs) <input type="checkbox"/> | Residential (Saranna) <input type="checkbox"/> | Other <input type="checkbox"/> |
| | | |

Issues to be aware of:

| | |
|-----------------------------|-----------------------------------|
| Mental Health: | |
| Medication: | |
| Physical Health: | |
| History of Violence: | |
| Legal Status: | (Current/pending legal matters :) |

Please complete the sections below with the person who is being referred (provide information on consumer's previous or current engagement with the services listed below):

| Alcohol and other Drug | GP (Doctor) |
|----------------------------------|----------------------------------|
| Agency _____ | Doctor/ Surgery _____ |
| Contact Person _____ | Contact Person _____ |
| Role _____ | Role _____ |
| Phone _____ | Phone _____ |
| Email _____ | Email _____ |
| Approximate date last seen _____ | Approximate date last seen _____ |



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| Physical Health | Mental Health |
|--|--|
| Agency _____ Contact Person _____ Role _____ Phone _____ Email _____ Approximate date last seen _____ | Agency _____ Contact Person _____ Role _____ Phone _____ Email _____ Approximate date last seen _____ |
| Housing/Accommodation Issues | Legal Issues |
| Agency _____ Contact Person _____ Role _____ Phone _____ Email _____ Approximate date last seen _____ | Agency _____ Contact Person _____ Role _____ Phone _____ Email _____ Approximate date last seen _____ |
| Social Issues | Dept. of Child Protection and Family Support |
| Agency _____ Contact Person _____ Role _____ Phone _____ Email _____ Approximate date last seen _____ | Office _____ Contact Person _____ Role _____ Phone _____ Email _____ Approximate date last seen _____ |
| Dept. of Corrective Services | Other Service Provider |
| Office _____ Contact Person _____ Role _____ Phone _____ Email _____ Approximate date last seen _____ | Agency _____ Contact Person _____ Role _____ Phone _____ Email _____ Approximate date last seen _____ |