CENTRE REFERRAL FORM TO LOW MEDICAL WITHDRAWAL

Please select the service you would like to make the referral to:

☐ Serenity Lodge Withdrawal Unit Rockingham		☐ Nannup Withdrawal Unit Nannup		☐ Midland Withdrawal & Intervention Centre Middle Swan	
P:	(08) 9382 6049	P:	(08) 9756 0100	P:	(08) 6155 2668
F:	(08) 9592 4711	F:	-	F:	(08) 6155 2671
E:	swu@cyrenianhouse.com	E:	nannup@cyrenianhouse.com	E:	referralsmwic@cyrenianhouse.com

CLIENT DETAILS					
Given Name:			**Surname:**		
Mobile:			**DOB:**		
Email:					
Address:			**Post Code:**		
Do you identify as Aboriginal or Torres Strait Islander	☐ **Yes** ☐ **No**				
☐ **Male** ☐ **Female** ☐ **Other** (Self Describe)					
Preferred Language:		**Interpreter Required:**	☐ **Yes** ☐ **No**		
Name of Next of Kin:					
Relationship to client:		**Mobile:**			
Address:		**Post Code:**			
Have you considered accessing other Cyrenian House services?	☐ **Yes** ☐ **No**	☐	**Residential Treatment**		
		☐	**Individual and or family counselling**		
		☐	**Educational groups**		
Have you considered accessing other services?	☐ **Yes** ☐ **No**	**Details:**			

REFERRER DETAILS			
Name of referrer:			
Phone:		**Email:**	
Address:		**Post Code:**	

GP DETAILS			
Name of GP:		**Phone:**	
FAX:		**Email:**	
Address:		**Post Code:**	

ALCOHOL AND OTHER DRUG USE				
Any history of Withdrawal Seizure? What drugs (including alcohol and non-prescribed medication) have been used recently?				
Type	**Method of use**	**Amount**	**Frequency**	**Last Time Used**
PRESCRIBED DRUGS (Current prescribed medication)				
Type	**Dose**	**Reason**	**Frequency**	**Length of Use**

MENTAL HEALTH (involvement with mental health)				
Date	**Service/organisation**	**substance**	**Duration**	**Outcome**
Have you had any recent thoughts of injuring yourself or had suicidal thoughts? ☐ Yes ☐ No				

SMOKING	
Do you currently smoke? ☐ Yes ☐ No	**If yes how many per day?**
Note: As we are a non-smoking service client may require NRT	

OFFICE USE ONLY			
Assessment booked?	☐ Yes ☐ No	**Date:**	
		Time:	
Location:		**Suitable?**	☐ Yes ☐ No
NOTES:			