

CENTRE REFERRAL FORM TO LOW MEDICAL WITHDRAWAL

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

<input type="checkbox"/> Serenity Lodge Withdrawal Unit Rockingham	<input type="checkbox"/> Nannup Withdrawal Unit Nannup	<input type="checkbox"/> Midland Withdrawal & Intervention Centre Middle Swan
P: (08) 9527 9335	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		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Self Describe)			
Preferred Language:		Interpreter Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Next of Kin:			
Relationship to client:		Mobile:	
Address:		Post Code:	
Have you considered accessing other Cyrenian House services?	<input type="checkbox"/> Yes	<input type="checkbox"/>	Residential Treatment
	<input type="checkbox"/> No	<input type="checkbox"/>	Individual and or family counselling
		<input type="checkbox"/>	Educational groups
Have you considered accessing other services?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

