Client Referral Form

ODYSSEY HOUSE
NEW SOUTH WALES

REFERRING ORGANISATION DETAILS (IF APPLICABLE)			
Date:		Organisation:	
Name of referrer:		Your role/position:	
Work phone:		Work email:	

PERSONAL INFORMATION OF PERSON BEING REFERRED					
First name:		Last name:			
Other names used:		Date of birth:			
Mobile:		Home phone:			
Email:					
Address 1:					
Address 2:					
Suburb:		State:		Postcode:	

DEMOGRAPHICS OF PERSON BEING REFERRED			
Gender:	☐ Male ☐ Female ☐ Non-binary ☐ Prefer not to say ☐ Other:		
Does the client identify as LGBTQIA+?	☐ Yes ☐ No		
Does the client identify as an Aboriginal and/or Torres Strait Islander person?	☐ Yes ☐ No		
Does the client identify as being from a culturally and linguistically diverse background?	☐ Yes ☐ No		
Country of birth:		Preferred language:	
Interpreter required:	☐ Yes ☐ No	Language spoken at home:	
Cultural/Ethnicity background:			

REASON FOR SEEKING SUPPORT (additional space is available on page 3 if required)

WHAT TYPE OF TREATMENT ARE YOU (OR THE CLIENT) SEEKING?

☐ Residential Programs (Inpatient) ☐ Community Programs (Outpatient)

☐ Multicultural Programs (Outpatient) ☐ Other:

WOULD YOU LIKE TO RECEIVE A REFERRAL OUTCOME?

☐ Yes ☐ No If yes, how would you like feedback? ☐ Email ☐ Phone call

Please complete page 2

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PATIENT OR CLIENT CONSENT

Odyssey House NSW requires that anyone being referred has consented to the referral.
This section is to be filled out by the patient or client.

By signing this form, I _____ give consent for:

- ☐ the details provided to be used by Odyssey House NSW for referral.
- ☐ for Odyssey House NSW to provide feedback to the referring agency regarding attendance and recommendations from assessment.

Signature: _____ Date: _____

If you know which service location you wish to be referred to, please indicate below:

Residential Programs (Inpatient)
- ☐ Residential Rehabilitation
- ☐ Residential Rehabilitation with Children
- ☐ Detoxification and Withdrawal

Community Programs (Outpatient)
- ☐ Aboriginal and Torres Strait Islander Program
- ☐ Blacktown Community Hub
- ☐ Campbelltown Community Hub
- ☐ Hornsby Community Hub
- ☐ Hunter Valley Post Custodial Support Program
- ☐ Nepean Blue Mountains Aftercare Program
- ☐ Redfern Community Hub

Multicultural Programs (Outpatient)
- ☐ Multicultural Programs, Blacktown
- ☐ Multicultural Programs, Liverpool
- ☐ Multicultural Programs, Custodial Transitions Program

Families, Carers, and Friends (Community Based)
- ☐ Families, Carers, and Friends Program

- ☐ More information on treatment options
- ☐ Unsure

REFERRING AGENCY SIGNATURE

By submitting this form, you confirm that the information provided is accurate and consent to Odyssey House NSW contacting the person being referred.

Name of referrer: _____

Signature: _____ Date: _____

CONFIRMATION This consent authority will end once the client or patient has been assessed for Odyssey House NSW's services and recommendations have been made or the referral has been closed. If you have questions or wish to contact us, please call 1800 397 739 or email referral@odysseyhouse.com.au. Thank you for referring your patient or client.

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ADDITIONAL INFORMATION