Catholic Care Social Services Hunter-Manning
DIOCESE OF MAITLAND-NEWCASTLE

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AOD Connected Recovery Referral Form
Private and Confidential

Client Consent and Privacy

All services and supports provided by CatholicCare are voluntary. Please confirm that you have client consent for this referral by placing a tick in the relevant box. All information is handled in accordance with our privacy policy.

☐ Written Consent ☐ Verbal Consent ☐ N/A – Self Referral

Client Personal Details

Name _____ Date of Birth _____

Address _____

Gender: ☐ Male ☐ Female ☐ Other (please specify) _____

Does the person identify as indigenous? ☐ Yes ☐ No

If Yes, ☐ Aboriginal ☐ Torres Strait Islander ☐ Both

Country of Birth _____ Preferred Language _____

Translator required ☐ Yes ☐ No

Please provide details of how the client wishes to be contacted by CatholicCare to arrange an appointment - you may place a cross in multiple boxes

☐ Phone # _____ Can we leave a message on this phone? ☐ Yes ☐ No

Most convenient time to call _____ If mobile, can we send an SMS? ☐ Yes ☐ No

☐ Email _____ ☐ Letter to home address

☐ Letter to alternate address (provide details) _____

Services Required – you may place a cross in multiple boxes

☐ AOD service	☐ Taree	☐ Forster	☐ Gloucester
☐ Other relevant service	☐ Taree	☐ Forster	☐ Gloucester

Reason for Referral

Presenting Mental Health Issue e.g. Diagnosis, issue - anxiety, depression, etc.

Drug and/or Alcohol Issue e.g. alcohol, cannabis

Other Health Issues or Psychosocial Factors E.g. medical factors, other diagnosis, homelessness, stress, social situation

Risk Factors e.g. Harm to self or others, suicide risk, vulnerability

Other relevant information

Person Making Referral

Name _____ Date of Referral _____

Organisation _____

Phone _____ Fax _____ Email _____

Please email referral to:

AODconnectedrecovery@catholiccare.org.au