

Client's Name: \_\_\_\_\_

Date of Referral: \_\_\_\_/\_\_\_\_/\_\_\_\_

**The following information is required prior to assessment; all sections must be completed emailed with supporting documents to [intake@dasa.org.au](mailto:intake@dasa.org.au):**

Is client aware of referral? Yes/No <b>(attach signed release of information if applicable)</b>		
Referring agency:		Reason for referral:
Referred by:	Position:	Contact no:
Client's name:		
Other names/aliases/skin names:		
Client's D.O.B.:		
Gender Identity:		
Marital status:		
Dependants:		
Usual place of residence or home community:		
Current location: (e.g. in custody)		
Anticipated bail or parole status:	Order/Parole/Bail/GLP documents attached	YES/NO
Banned Drinkers Register:		
Client's contact number:		
Ethnicity:		
Language:		
Principal drug of abuse:		
Employment/study details (for TACU referrals):		

## DASA Aranda House Therapeutic Community Referral Form

	Yes	No	If yes, what are these?
Alerts			
Medical conditions			
Mental health conditions			
Family issues			(e.g. family law matters, children in care)
Life and death issues			(e.g. payback)
Current court matters*			
Domestic Violence Order (DVO)			(e.g. does the client have any DVO's? If yes, who are the individuals involved?) and/or are there any areas of restriction?)
Areas/places of concern			(e.g. does the client have any areas of restriction? If the client has a DVO, are there any areas of concern?)
Prior charges*			<p>The following documents must be sent with the referral:</p> <p>Criminal history attached: YES/NO</p> <p>Domestic Violence Order/Restraining Order attached: YES/NO</p>

\*These sections **must** be completed if client has current/past court matter.

Signed: \_\_\_\_\_ Name of referrer: \_\_\_\_\_ Date: \_\_\_\_\_