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 **(attach signed release of information if applicable)** | | | |
| Referring agency: Reason for referral: | | | |
| Referred by: Position: Contact no: | | | |
| Client’s given names (include middle 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): | | |  |
| Alerts | Yes | No | If yes, what are these? |
| 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\* |  |  | The following documents must be sent with the referral:  Criminal history attached: YES/NO  Domestic Violence Order/Restraining Order attached: YES/NO |

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

Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of referrer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_