

Attach Parent Drug and Alcohol Service - Referral form

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|---------------------------|-------------------------|
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I (name) _____ date of birth _____
of (address) _____ give permission for the
exchange of information between _____
(service name) _____
and Uniting WA's Attach program.

Client Signature:

Date:

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IF CONSENT IS NOT SIGNED BY CLIENT THIS REFERRAL WILL NOT BE PROCESSED

Referral details:

Referral date: _____

Name of Referrer: _____

Organisation: _____

Contact address: _____

Phone: _____ Mobile: _____

Email: _____

Has the client participated in the Attach program in the past? YES NO

Client details:

Client Name: _____

Address: _____

Phone: _____ Mobile: _____

Partnered: Single Aboriginal or TSI: YES NO

CaLD background: YES NO

Country of birth: _____ Preferred language: _____

Language spoken other than English: _____

Client lives with: _____

Does the client have a child 0-8 years old in their care or
have significant contact with their child? YES NO

Reason for referral:

Please complete table below and include all family members (including primary client):

| Surname | First Name | DOB | M/F | Relation | Ethnicity | Living with client? Y/N |
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Children:

If any child does not live in family home, please give details including current contact arrangements: (e.g., DCP placement, family placement, parental agreement, court orders, etc.)

Alcohol and/or drug information

Principal drug of concern: _____

Method of use: _____

How often: _____

How much: _____

Period since last use: _____

Other substances used: _____

Previous drug treatment? YES NO

Please provide details (Including where, when, what for, time in treatment):

(eg. Methadone program, residential detox, out-patient, self help group, other)

Mental health history (hospitalisation, diagnoses, medication, current mental health worker):

Current other agency involvement:

| Agency | Contact Person | Phone Number |
|--------|----------------|--------------|
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Worker safety:

Attach requires information about issues that may impact on worker safety, as our workers will at times be working in the home alone and outside normal working hours.

The presence of any issues identified below does not necessarily mean we will not work with the family.

Please advise of any history of violence toward others or any convictions for violent offences by the client:

Please list any household members or regular visitors not already mentioned above:

Has any member of, or visitor to, the household displayed aggression, made threats, or otherwise harmed or attempted to intimidate workers? **YES** **NO**

Please give details:

Details of any other potential worker safety issues (e.g., dogs, weapons):

Date last reviewed: March 2021

Date to be revised: March 2022