ABORIGINAL
DRUG & ALCOHOL COUNCIL (SA)
ABORIGINAL CORPORATION

Back on Track Residential Rehabilitation Program Client Referral Form

Please ensure all fields are entered correctly with appropriate information

Checklist

☐ **Does the client meet the Criteria?**

- 18 years or older
- Current significant harmful alcohol and/or drug use
- Not a risk of harm to self or others
- No history of sexual assaults
- Voluntary and wanting to change
- No monitoring devises

Name of Person being Referred: ______________________________

DOB: ______________. **Age:** ________ ☐**Male** ☐**Female** ☐**LGBTIQA+**

Does this person identify as Aboriginal or Torres Strait Islander? ☐ **Yes.** ☐ **No**

Does this person identify as Culturally and Linguistically Diverse? ☐ **Yes.** ☐ **No**

Is this person – Homeless/Couch Surfing ☐ **Home Detention** ☐ **Renting** ☐

Incarcerated ☐ **NFA** ☐

Address ______________________________

State ____________ **Post Code** ______________

Phone Number ______________ **Alternative Phone Number** ______________

Email Address: ______________________________

Medicare Number: ______________ **Reference number:** **Expiry:** ________

Centrelink Reference Number (CRN): ______________ **Expiry:** _______

Have they been to AOD Wellbeing Berri before? ☐ **Yes** ☐ **No**

Have you been vaccinated for COVID-19? ☐ **Yes** ☐ **No**

If "Yes", Which vaccination dose have you received to date? ☐ **1st** ☐ **2nd** ☐ **3rd** ☐**4th**

If "No", Would you consider being vaccinated against COVID-19 prior to coming to Adelaide Residential Rehabilitation Program?
☐ **Yes** ☐ **No**

Please provide a copy of your COVID-19 Vaccination Certificate with this referral

Do you have "My Health Record" setup on MyGov? ☐ **Yes** ☐ **No**
If "No", Would you consider activating this on your MyGov Account? ☐ **Yes** ☐ **No**

Have you been referred other rehabilitation services? ☐ **Yes.** ☐**No**

If "Yes", Where have you been referred? ______________________________

Current Drug use:

Drugs used	What is the type of Drug /Alcohol you use?	How much do you use?	How do you use? (IV/Smoke/ Drink/etc.)	How often do you use	When did you last use?	Have you used drugs or drunk like this for a year?	Age of First Use
Alcohol							
Amphetamines							
Cannabis							
Benzodiazepines							
Inhalants							
Opioids							
Other Drugs (includes non-prescription)							
Tobacco							

Height: _____________ **Current Weight:** ____________

Reason for Referral ____

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Name of Referrer: ______________________________ **Position:** ______________

Organisation: ____

Phone Number: ____________________ **Email:** ___________________________

Signature of Referrer ________________________ **Date of Referral** ____________

Referral forms can be emailed to adelaide@adac.org.au