

Fax referral form to: 03 9416 3420

Access Point stimulant treatment centre referral form

Client details

Family name: _____

Given names: _____

Date of birth: dd/mm/yyyy ___ / ___ / _____

Sex: Male Female

Contact details:

Home: _____

Work: _____

Mobile: _____

Email: _____

Can leave message?

Yes No

Yes No

Yes No

Yes No

Address (for correspondence):

Referral agency details

Name: _____

Position: _____

Organisation: _____

Address: _____

Telephone: _____

Fax: _____

Email: _____

Summary and referral information

To record and share a summary of the client's problems/issues and an initial action plan when making a referral.

Current services

Record services used in the last three months. Consider all health and community services.

Agency	Service type	Record contact details or other information as appropriate

Referral action plan

Taking into account the reason/s that the client is seeking assistance at Access Point, and any other issues you and the client have identified, summarise the action required.

Purpose of referral:	
Feedback to:	Name: Position: Agency:
Contact details:	Telephone: Fax: Email:

Client consent to share information

In order that the client receives the best possible care, it is recommended that relevant information is forwarded to Access Point.

Type of information (including limits as applicable) e.g. all relevant information, test results only.

To ensure the client is able to make an informed decision about consent to the disclosure of their information, the service provider should (tick when completed):

1. Discuss with the consumer the proposed referral to Access Point.
2. Explain that the client's information will only be released to Access Point if the client has agreed and advise that the referral can still proceed if the client does not want information disclosed.
3. Provide the client with information about privacy.
4. Provide the client with a copy of this form if requested once completed.

Written client consent

My worker/practitioner has discussed with me how and why certain information about me may need to be provided to Access Point. I understand the proposed use and I give my permission for the information to be shared as detailed above.

Name: _____

Signature: _____

Date: dd/mm/yyyy ___ / ___ / _____

Worker/practitioner name: _____

Signature: _____

Position: _____

Verbal client consent (Nb. Verbal consent should only be used where it is not practicable to obtain written consent from the client)

I have discussed the proposed referrals with the client and I am satisfied that the client understands the proposed use and disclosure and has provided informed consent to these.

Worker/practitioner name: _____

Signature: _____

Position: _____

Date: dd/mm/yyyy ___ / ___ / _____