ALCOHOL AND OTHER DRUG ASSESSMENT & TREATMENT SERVICE (ADAS)

NB: PLEASE COMPLETE THIS FORM IN FULL

DATE REFERRAL SENT:

NAME: DOB: NHI:

ETHNICITY: GENDER:

ADDRESS: PHONE NUMBER:

NAME OF REFERRER:

AGENCY, IF APPLICABLE:

PHONE NUMBER: FAX NUMBER:

ADDRESS:

EMAIL:

REASONS FOR REFERRAL AND ANY PERTINENT INFORMATION (current and past substance use, previous AOD assessments, any known mental health service involvement, client's hopes, any known risk issues, any disabilities, other agencies involved)

FOR DRIVING CHANGE GROUP REFERRALS ONLY:

Number of Excess Breath Alcohol convictions/charges:

Supervision end date

Are there any barriers to the client attending the group (e.g. work, motivation, transport)?

All Current Charges – plus brief details about the offending history, other than the EBA.

Any known risk issues (e.g. gang connection, violence, sexual, other)

Alcohol and other Drug Assessment Service
98 Greers Road, Burnside, PO Box 34009, Christchurch 021 205 3744 027 2560732