



**ALCOHOL AND OTHER DRUG ASSESSMENT & TREATMENT SERVICE (ADAS)
REFERRAL FORM**

– Email referrals to adas.odyssey@xtra.co.nz or fax 03 358 2907

NB: PLEASE COMPLETE THIS FORM IN FULL

DATE REFERRAL SENT:

NAME:

PRISON AND UNIT:

ETHNICITY

D.O.B:

GENDER:

DATE OF PAROLE HEARING:

SENTENCE COMMENCEMENT DATE: ___ / ___ / ___

DATE OF SRD / FRD: ___ / ___ / ___

(ADAS USE ONLY)

DATE RECEIVED: _____

ALLOCATED TO : _____

NHI: _____

Name of referrer and designation _____

Contact details (phone, email) _____

CURRENT SENTENCE CONVICTIONS: Please attach the criminal traffic and conviction history and most recent PSR. We may need other information and will request it after the assessment

REASONS FOR REFERRAL AND ANY PERTINENT INFORMATION (Previous AOD assessments, known mental health service involvement)