**Oasis – Drug and Alcohol Youth Service**

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| **Referrer:** Click or tap here to enter text. | **Agency:** Click or tap here to enter text. | **Phone:** Click or tap here to enter text. | **E-mail:** Click or tap here to enter text. |

**Referral seeking:**

Case Management [ ]  Youth Counselling [ ]

**Referral Details:**

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| **Name:** Click or tap here to enter text. | **Alias:**Click or tap here to enter text. | **DOB:**Click or tap to enter a date. | **Date of referral:** Click or tap to enter a date.  |

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| **Address *(if applicable):*** Click or tap here to enter text. |
| **Phone:** Click or tap here to enter text. | **Email:** Click or tap here to enter text. |
| **Preferred method of contact:** Click or tap here to enter text. |
| **Gender Identity**: Choose an item.  | **Disability:**Choose an item. | **NDIS:** Choose an item. |
| **Aboriginal/Torres Strait Islander:** Choose an item.  | **Australian:** Choose an item. | **CALD:** Choose an item. |
| **Country of Birth:** Click or tap here to enter text. | **Preferred Language**: Click or tap here to enter text. |
| **Residency Status:** Choose an item. | **Is an interpreter required?** Choose an item. |
| **Does the young person identify with the LGBTQIA+ Community?** Choose an item. | **Pronoun?** Choose an item. |

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| **Next of Kin:** Click or tap here to enter text.  | **Phone:** Click or tap here to enter text. |
| **Children or dependants:** Choose an item.**Are they in your care?** Choose an item. | **Do you have somewhere safe to stay tonight?** Choose an item. **Current Living Situation:** Choose an item.**Household Members:** Click or tap here to enter text. |

**Reasons for seeking support:**

Accommodation [ ]  Centrelink/Employment Services [ ]  Clothing [ ]

Counselling [ ]  Drug & Alcohol Issues [ ]  Education and School [ ]

Employment & Training [ ]  Family [ ]  Finances/Debts [ ]

Health [ ]  Legal Issues [ ]  Mental Health [ ]

Obtaining Identification [ ]  Other: Click or tap here to enter text.

**Other Helpful Information (Optional)**

**Legal**

**Current Court Matters *(outstanding charges, warrants, upcoming court dates)***  Choose an item.

**If yes, details *(legal representation, dates etc.):*** Click or tap here to enter text.

**Current involvement with Community Corrections** **or Juvenile Justice?** Choose an item.

**If yes, details:** Click or tap here to enter text.

**Finances**

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| --- | --- | --- |
| **Employed** Choose an item. | **Centrelink** Choose an item. | **Centrelink No. (CRN):** Click or tap here to enter text. |
| **Income Source or Benefit:** Click or tap here to enter text. | **Education** Choose an item.  |

**Health**

**Medicare No.:** Click or tap here to enter text. **Immediate Health Needs?** Choose an item.

**Details:** Click or tap here to enter text.

**Do any of the following concern the young person?**

Asthma[ ]  Dentistry [ ]  Drug and Alcohol Issues [ ]  General Health [ ]  Hepatitis [ ]  HIV Infection [ ]  Mental Health [ ]  Pregnancy [ ]

Safe Sex Practices [ ]  Safe Injecting Practices [ ]  Sexually Transmitted Infections [ ]

Other: Click or tap here to enter text.

**If yes, details *(diagnosis, medications, treatments etc.):*** Click or tap here to enter text.

**Other**

**Other relevant information that could assist *(contacts, other services, diagnosis, relevant history, attach additional pages if needed)***

**­­­­­­­­­­­­­­­­** Click or tap here to enter text.

**I consent to the referral to Oasis Drug and Alcohol Youth Service and for my information to be collected and recorded on Salvation Army Date Base?** Yes [ ]  No [ ]

Name of person providing consent:

Young Persons signature: Date:

Carer/Parent/Guardian signature: Date:

**For Case Management, return via email**

Nunurai.murombedzi@salvationarmy.org.au

365 Crown Street Surry Hills NSW 2010

**Phone** 9331 2266

**For Counselling Referrals**

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| **Are you currently receiving psychological intervention, counselling, or accessing any other Mental Health or AOD services other than Oasis?** Choose an item.**Please Provide Details:** Click or tap here to enter text. |
| **Have you received mental health and/or AOD support in the past?** Choose an item.**Please Provide Details:** Click or tap here to enter text. |
| **Have you been assessed as an imminent risk of harm to self or others?** Choose an item.**Please Provide Details:** *If so, please provide details of the risk and what actions have been taken to moderate this, e.g., provided the client with telephone numbers for Lifeline, explored their intentions with them, etc.* Click or tap here to enter text. |
| **Are you currently on medication?** Choose an item.**Please Provide Details:** *If yes, please provide details, including name of medication, reason for medication, and name of the prescribing professional:* Click or tap here to enter text. |

**For Counselling, return via email**

Michael.guerin@salvationarmy.org.au

365 Crown Street Surry Hills NSW 2010

**Phone** 9331 2266

**\*Counselling services will begin in January 2022.**

**\*Waitlists for Counselling and Case Management may apply.**