Fresh Start Northam Referral Form

CLIENT NAME: _____

Referral from: ☐ Medical Practitioner ☐ Other Agency ☐ Self-Referral

Referring Doctor (if applicable)
Name:……..
Address:……
Phone:……Email:……
Provider Number:……
Has the client previously been seen by this service? ☐ Yes - Year:…… ☐ No

Referring Agency (if applicable)
Agency name……..
Contact name……
Phone:……Email:……

Reason for Referral:

……

……

……

Current Medications: (Attach separate sheet if necessary)

Medication	Dosage	Medication	Dosage

Allergies:……

Covid19 vaccinations received (tick all that apply): ☐ Dose 1 ☐ Dose 2 ☐ Booster ☐ None

Substances Used (please tick)

☐ Alcohol ☐ Amphetamines ☐ Opiates ☐ Cannabis ☐ Benzodiazepines

☐ Suboxone/Subutex ☐ Methadone ☐ Tobacco ☐ Other (please list) _____

DATE	COMPLETED BY	ALLERGY ALERT

CLIENT DETAILS

Name: _____

Date of Birth: _____/____/_____ **Contact Number(s)**:_____

Address:_____

Email:_____

Preferred contact method: : ☐ Email ☐ Phone

Occupation:_____

Medicare no._____**Exp:**_____ **CRN**_____**Exp:**_____

Nationality:_____ **Australian Citizen:** ☐ Yes ☐ No

If no, visa type:_____ Exp date_____

Do you identify as Aboriginal or Torres Strait Islander: ☐ Yes ☐ No
Do you require an interpreter? ☐ Yes ☐ No

Religion:_____

NEXT OF KIN / CONSENT TO RELEASE INFORMATION

NOK 1:
Name:_____
Relationship:_____
Contact number:_____

NOK 2 *(if applicable):*
Name_____
Relationship:_____
Contact number:_____

Other contacts (*if applicable)* e.g lawyer/corrections officer
Name:_____
Occupation:_____
Contact number:_____

Name:_____
Occupation:_____
Contact number:_____

I give permission for Fresh Start Staff to share information to my next of kin and other contacts in regards to my recovery. I understand that if I wish to change my next of kin I must do so in writing. Fresh Start staff will not share information with anyone else unless given permission.

Client Name:_____ **Witness Name**:_____

Signed: _____ Signed: _____

Date:_____ Date:_____

Send this form to the Clinical Coordinator, Subiaco Tel (08) 9381 1333 Email info@freshstart.org.au