

Specialist Psychology Services – Making Waves Referral Form

This treatment program is for clients with current problematic substance use and difficulties related to personality disorder. Please complete this form and EMAIL with any relevant documentation to:

TPSCS@turningpoint.org.au or FAX to 9486 9766.

<u>REFERRER INFORMATION</u>	<u>CLIENT INFORMATION</u>
DATE: ____ / ____ / ____	FIRST NAME: _____
NAME: _____	FAMILY NAME: _____
ROLE: _____	DOB: ____ / ____ / ____ MALE / FEMALE / _____
AGENCY: _____	ADDRESS: _____
PHONE: _____	_____ POST CODE _____
EMAIL: _____	PHONE: _____
	OK TO LEAVE A MESSAGE? YES / NO

REASON FOR REFERRAL: _____

CURRENT ALCOHOL AND OTHER DRUG USE: _____

PHYSICAL AND MENTAL HEALTH ISSUES INCLUDING DIAGNOSES AND MEDICATIONS:

OTHER SERVICES / SUPPORTS INVOLVED: _____

OTHER CONCERNS:

Homelessness Family Violence Dependents (children, older adults) Indigenous / CALD