

# Adult Referral Form

## Odyssey Residential Services

<i>Please forward the completed form to:</i>  <b>Odyssey Community Services, Assessment and Admissions</b>  Email: <a href="mailto:admissioncentre@odyssey.org.nz">admissioncentre@odyssey.org.nz</a> Mail: PO Box 56447, Dominion Road, Auckland 1446 In Person: 4/3029 Great North Road, New Lynn, Auckland	<b>Referral type</b> (Please check relevant box)	
	<input type="checkbox"/>	I am making this referral myself
	<input type="checkbox"/>	I am referring someone

### Personal details

First name:	Last name
Ethnicity:	Date of birth:
Gender identity:	Sex:
Phone number:	NHI:
Last private address ( <i>If currently in a corrections facility, please enter last known private address</i> ):	

### Accommodation details

*Please check one only*

Living in own/rented accommodation	<input type="checkbox"/>	Oranga Tamariki (e.g., foster care)	<input type="checkbox"/>
Living with whānau /friends	<input type="checkbox"/>	Prison (provide further details below)	<input type="checkbox"/>
Residential Care	<input type="checkbox"/>	Homeless	<input type="checkbox"/>

## Current employment

Please check one only

Paid work 30 hours or more (p/w)	<input type="checkbox"/>
Paid work of less than 30 hours (p/w)	<input type="checkbox"/>
Unemployed	<input type="checkbox"/>

## If currently in prison:

Please check one only

Name of prison:
Date of entry:
Details of AOD treatment in prison (e.g., DTU, ITP, STURP)

## Referrer details (if referred by lawyer/other)

First name:	Last name:
Agency:	Phone number:
Mobile:	Email:
Referrer address:	

## Reason for referral

(Please include any concerns related to substance use, any current or past mental health challenges and any mental health service contacts)

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## Detailed referral information to help us with our assessment

Details of most recent alcohol, drug use and/or gambling activity:		
In the last three months, have you used or participated in any of the following:	Yes / No	Details of most recent dates and use
Alcohol		
Cannabis		
Methamphetamine		
GHB		
Other – Please explain		
Gambling		

## Health Information

Detailed health information						
Please detail any contact with mental health services						
List any current medical or physical health concerns						
List any prescribed medication						
Currently pregnant?	Y <input type="checkbox"/>	N <input type="checkbox"/>	NA <input type="checkbox"/>	Parent/carer with dependent children?	Y <input type="checkbox"/>	N <input type="checkbox"/>

## Next of Kin

We will not contact next of kin or emergency contact without consent, unless we believe there is a risk of harm to the individual or others							
Name:	Relationship:						
Phone number:	Email:						
Next of kin address:							
Is this person also the emergency contact?	Y <input type="checkbox"/>	N <input type="checkbox"/>	May we contact this person if needed?			Y <input type="checkbox"/>	N <input type="checkbox"/>
Is there anyone in the family or whānau who might like to receive information about our services or other support we can provide? If yes, please detail their information in the Consent to Share and Exchange Information section of this form.							

## Legal Information

Please provide details of active or pending charges below		
Charge:		
Court:	Next court date:	
<i>We request a copy of conviction history and Summary of Facts for every individual referred. If there are active charges or protection orders, we will also require a copy of these. This information can be requested from the lawyer, corrections officer, probation officer, or the Ministry of Justice</i>		
Can we request information from the assigned lawyer and/or case manager?	Y <input type="checkbox"/>	N <input type="checkbox"/>
Lawyer's name:	Case manager's name:	
Phone number:	Phone number:	
Email:	Email:	

## Consent to Share and Exchange Information

To provide you with a safe and effective service, we need to collect information about you from other sources. The information Odyssey collects about you is treated as confidential. We have systems in place to make sure that your records are kept safe, and that only authorised people can read them.

This document is a written record of your consent (permission) for Odyssey to obtain and share your information with the below agencies, health professionals or whānau, so that we can provide health and support services to you. You have the right to request access to view your records and to have any information corrected.

We hope that you want us to share your information to provide the best possible service to you. However, you have a right to change your mind and withdraw your consent at any time. This document can be updated as circumstances change.

### Consent/Permission to share information with other agencies

Agency/health professional or other name	Type of information (e.g., health, reports, funding agreement)	Purpose (e.g., relevant treatment information, integrated interventions and treatment, bail conditions, risk management)	Date	Signature
GP/medical contact				
Mental health contact				
Lawyer				
Corrections				
Police				
Accommodation provider/employer				
Pharmacy				
Other				
The above people are likely to be contacted during service provision and when you exit a residential programme. Where possible, this will be discussed with you at the time.				

## Consent/permission to share information with family and whānau

Name	Relationship	Type of information I consent to share

## People I do not give consent/permission to share information with

Name	Relationship	Reason (including any safety reasons)

Information may be supplied to family and whānau, support people or other agencies if you give us your permission, or when disclosure is required by law, such as:

- Where a person is under legal orders, and we are required to inform the relevant authorities if those orders are breached
- If the police serve us with a Production or Court Order
- If a request for information is made under legislation such as the Oranga Tamariki Act, Health Act or Privacy Act
- Any situation where there is serious risk of harm

Organisations that fund Odyssey will review or audit records from time to time to check that the care we provide is acceptable. This includes the Ministry of Health's PRIMHD (Programme for the Integration of Mental Health Data) database. Odyssey also uses anonymised data for quality monitoring and improvement purposes.

This consent is for when I am receiving the following services from Odyssey (tick those that apply):

- ☐ Assessment and pre-admission services
- ☐ Residential programmes
- ☐ Transition from a residential programme to living out in the community
- ☐ Continuing / After Care in the community
- ☐ Other Odyssey programmes (please state): \_\_\_\_\_

Review of this consent will occur no later than: [DATE] \_\_\_\_\_

Name: \_\_\_\_\_ NHI: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Odyssey staff (full name): \_\_\_\_\_ Designation: \_\_\_\_\_

Date: \_\_\_\_\_

**Consent to share information is not needed if there is a serious risk of harm to you or another person**