Adult Referral Form

Odyssey Residential Services

ODYSSEY

Please forward the completed form to:

Odyssey Community Services, Assessment & Admissions

Email: admissioncentre@odyssey.org.nz

Mail: PO Box 56447
Dominion Road
Auckland 1446

In Person: 4/3029 Great North Road
New Lynn
Auckland 0600

Referral Type
(Please check relevant box)

- ☐ I am making this referral myself
- ☐ I am referring someone

Personal Details

First Name:	Last Name:
Ethnicity:	Date of Birth:
Gender Identity:	Sex:
Phone Number:	NHI:
Last Private Address: *(If you are currently in a Corrections facility, please enter your last private address and provide details of the Corrections facility below)*	

Accommodation details

Please check one only:

Living in own or rented accommodation	☐
Living with whānau/friends	☐
Residential care	☐
Hospital/detox	☐
Oranga Tamariki (e.g. foster care)	☐
Prison (please provide further details on the right)	☐
Homeless	☐

Are you currently working?

Please check one only:

Paid work 30 hours or more (per week)	☐
Paid work less than 30 hours (per week)	☐
Unemployed	☐

If in prison:

Name of prison:
Date entered prison:

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Referrer details (if referred by lawyer/other)

First Name:	Agency:
Telephone:	Fax:
Mobile:	Email:
Referee Address:	

Reason for referral

(Any concerns related to substance use, any current or past mental health concerns, any mental health service contact)

Detailed referral information to help us with our assessment

Details of current alcohol, drug or gambling use:			
Have you used?	**Yes**	**No**	**Amount and date last used**
Alcohol			
Cannabis			
Methamphetamine			
GHB			
Other – Please explain			
Gambling			
Tell us about your health			
Have you had any contact with Mental Health Services?			
Are you currently prescribed any medications? (If so, please list)			

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Tell us about your health continued...			
Do you have any current medical or physical health concerns? (If so, please list)			
Are you pregnant?	Are you a parent/carer with dependent children?		
Are you enrolled with a GP? (If yes, please provide GP contact details)	☐ **Yes**	☐ **No**	**GP Name:**
Contact details:			

Family and other support people

Next of kin	(**We will not contact your next of kin** or emergency contact without your consent, unless we believe there is a risk of harm to yourself or others)				
Name:			**Relationship:**		
Phone:			**Email:**		
Address:					
Is this person also your emergency contact?	☐ **Yes**	☐ **No**	**May we contact this person if we cannot reach you?**	☐ **Yes**	☐ **No**
Is there anyone in your family or whānau who might like to receive information about our services or other support we can provide for family and whānau?	(Please provide their contact details here)				

Legal information

Please provide details of active or pending charges below		
Charge:		
Court:		
Next Court Date:		
Please note: We request a copy of every client's conviction history. If you have active charges we will also require a copy of these. You may request this information from your lawyer, corrections officer, probation officer, or the Ministry of Justice		
Can we request information from your lawyer and/or case manager on your behalf?	☐ **Yes**	☐ **No**
Lawyer's name:	**Care Manager Name:**	
Phone/Mobile:	**Phone/Mobile:**	

I consent to this referral	☐ **Yes**	☐ **No**

Consent

Referrer has spoken to the client about this referral	**Yes**	**No**

I consent to the collection and disclosure of information about my health and involvement with the police, justice, lawyers or health agency between Odyssey House and relevant organisations or services providers. This information will assist you to determine which service (Odyssey or other) is best suited for me and my treatment records will only be viewed by my care team. My information is kept in a secure database.

Client Signature: