



REFERRAL FORM

Young Person's Information

Name: _____ Date of Birth: _____ Age: ____ Gender: M / F

NHI Number: _____ Ethnicity _____ Iwi: _____

Address: _____

Phone(s): _____ (Home) _____ (Mobile)

Name(s) of parents/caregivers and contact details if different from young person's:

Other agencies currently or previously involved:

Referrer Information

Referrer: _____

Agency/Relationship to young person: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Best Times to contact you: _____

Reason for Referral

(Please outline alcohol, drug and /or mental health concerns)

Alcohol and/or Other Drug use

CRAFFT	Use the CRAFFT to help decide whether a referral is appropriate. Two "yes" answers indicate a need for further assessment.	YES
Car	Has the young person ever ridden in a Car driven by someone (including themselves) who was "high" or had been using alcohol or drugs?	
Relax	Does the young person ever use alcohol or drugs to Relax , feel better about themselves, or fit in?	
Alone	Does the young person ever use alcohol or drugs while they are by themselves, Alone ?	
Forget	Does the young person ever Forget things they did while using alcohol or drugs?	
Family or Friends	Does the young person's Family or Friends ever tell them that they should cut down on their drinking or drug use?	
Trouble	Has the young person ever gotten into Trouble while they were using alcohol or drugs?	

Background information:

(E.g. Family situation, accommodation, education, employment, relevant history)

Adventure Development Counselling Criteria:

Please tick the box next to one of the following criteria which best describes the reason you are referring the young person. Please contact the Area Manager of Adventure Development to discuss the referral if you are unsure.

- 1. Those whose life choices have already been significantly negatively affected by their use of drugs or alcohol.
- 2. Those whose use of alcohol and drugs is likely to result in reduced health and life choices if the current trend of use continues.
- 3. Those whose use of alcohol and drugs is experimental, however, there are predisposing factors (such as parental abuse of either alcohol or drugs) and there are events occurring in their lives which are likely to result in accelerated use.
- 4. Those with mental health issues, and minimal use of alcohol and drugs, who live where it is difficult to access other adolescent services.
- 5. Those with mental health issues who live where it is difficult to access other adolescent services.

Does the young person know about the referral? Yes No

Do the parents/caregivers know about the referral? Yes No

Have they completed a consent form? Yes No

Signed _____ Date: _____
Referee

Please return this form by post to the Area Manager:

Scott Blair
 Adventure Development
 P O Box 189
 Dunedin 9054

Phone: 03 470 1691
 Fax: 03 470 1692
 Mobile: 027 254 9324

For ADL Use:	Date Received: _____	Staff Member Receiving: _____
Next Action: _____	Date of First Appointment: _____	