ST JOHN OF GOD
Social Outreach

DAWN REFERRAL FORM

U.R. Number .....

Surname .....

Given Names .....

Date of Birth ...../...../..... Sex .....

Use Label If Available or BLOCK LETTERS

Phone: (08) 9388 5000
Fax: (08) 9380 9793
Web: www.sjog.org.au\dawn
e-mail: dawn@sjog.org.au

The Drug and Alcohol Withdrawal Network (DAWN) provide a Clinical Nurse Specialist (CNS) to support your client in a planned, home based withdrawal treatment option for people choosing to safely reduce or cease their substance use. If you have any questions about whether your client is suitable for the DAWN service, please do not hesitate to speak with the DAWN nurse located at your nearest Community Alochol and Drugs Service (CADS) or the DAWN Intake CNS on 08 9388 5000.

Consumer Information:

Name: _____ DOB: _____ Pronouns _____

Address: _____ Drug Free Environment: ◯ YES ◯ NO

Suburb: _____ Able to leave message: ◯ YES ◯ NO

Contact number: _____ Able to send postal mail: ◯ YES ◯ NO

Email: _____ Aboriginal / Torres Strait Islander: ◯ YES ◯ NO

Preferred Language: _____

Able to take time off work / school as required: ☐ **YES** ☐ **NO**

Support Person: _____ Contact number: _____

Referrer details:

Name: _____ Phone: _____

Fax: _____ email _____

Organisation: _____ Job Title: _____

Follow up plan: _____

Next Appointment: _____

Any other agencies involved _____

I agree to this referral and am happy for my information to be shared with DAWN via email, phone or facsimile.

Referrer's signature _____ Consumer's signature _____

Date: _____ Date: _____

NO WRITING IN MARGINS

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SO 052.1

SGCZWLFT0521 03/26

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*NB: If you are an Alcohol, Drug or Mental health service,
a copy of the client assessment can be provided in lieu of this page*
* **NB: PLEASE ATTACH ANY RELEVANT RISK ASSESSMENTS** *

Substances: type; amount used and method of use

Primary Drug / Substance:

Typical Amount / Frequency of Use:

Method of Use:

Other Drug use:

Current medications:

Eligibility criteria will be based on the information below to ascertain whether DAWN is the most appropriate service for the client

Withdrawal history: (attempts / complications / seizures etc.):

General medical history: (diagnosis / operations / hospital admissions / allergies / Pregnancy etc.):

Mental Health history: (diagnosis / treatment / admissions / suicide attempts or thoughts / self-harm):

Please provide details of any risk to or from others, including violence, VROs, domestic violence or other concerning behaviours:

If applicable, provide details of any legal involvement (diversion, charges, court conditions):

NO WRITING IN MARGINS