TURNING POINT ALCOHOL & DRUG CENTRE

Clinical Services
54-62 Gertrude Street
Fitzroy VIC 3065

T 03 8413 8444
F 03 9486 9766

SPECIALIST ALCOHOL CONSULTANCY SERVICE (SACS)

This is a service for people with problems with alcohol misuse providing treatment for withdrawal and dependence, or secondary consultation for assessment and treatment advice. Access to this service is by referral from a general practitioner.

REFERRING DOCTOR	**PATIENT**
NAME: _____ ADDRESS: _____ _____ _____ PHONE: _____ FAX: _____ PROVIDER NUMBER: _____ (or stamp if preferred) Has the client previously been seen by this service? YES ☐ NO ☐ Year _____	FIRST NAME:_____ SURNAME: _____ DATE OF BIRTH: _____ / _____ / _____ MALE / FEMALE ADDRESS: _____ _____ PHONE: _____ MOBILE: _____ MEDICARE NUMBER: ☐☐☐☐☐☐☐☐☐☐ Ref No ☐ EXPIRY DATE: _____ HEALTHCARE CARD NUMBER: ☐☐☐☐☐☐☐☐☐☐ EXPIRY DATE:_____

REASON FOR REFERRAL:

- ☐ Management of alcohol withdrawal
- ☐ Treatment of alcohol dependence (including anti-craving medications)
- ☐ Secondary consultation for advice and management plan

Please provide details _____
_____
_____
_____

REFERRAL ISSUES:

Type and quantity of alcohol consumed _____
Pattern of drinking (how often, daily use or binges) _____
Other issues identified

- ☐ Alcohol intoxication
- ☐ Alcohol related chronic health problems (eg ARBI, liver disease)
- ☐ Unstable other medical problem(s)
- ☐ Unstable mental health problem(s)
- ☐ Significant other substance use
- ☐ Behavioural difficulties
- ☐ Pregnancy
- ☐ Other _____

HISTORY OF OTHER ALCOHOL & DRUG USE:_____

_____

_____

_____

PREVIOUS TREATMENT FOR ALCOHOL & DRUG PROBLEMS: _____

_____

_____

_____

MEDICAL HISTORY:_____

_____

_____

_____

MEDICATION:

MEDICATION	DOSE	PICKUP FREQUENCY (if applicable)

Allergies: _____

HISTORY OF MENTAL HEALTH ISSUES (including acquired brain injury):_____

_____

_____

_____

OTHER RELEVANT SOCIAL ISSUES:

☐ Homelessness or inappropriate housing

☐ Isolation – difficulty accessing services, poor supports

☐ Financial difficulties

☐ Forensic issues (particularly assaults or DUI)

☐ Other legal problems (e.g. civil cases)

(Please provide relevant details): _____

_____

_____

Further information or copies of relevant documentation may be attached and forwarded with this referral.

Signature of referring doctor: _____ Date: ____ / ____ / ____

Please return completed referral form by:

fax (03 9486 9766) or **post (54-62 Gertrude St, Fitzroy VIC 3065)**