

BRADAAG Referral Form

Referral to:

- Residential Rehab
- Outreach / Transitional Aftercare
- Family Residential Rehab

Referral from:

Agency Name / Contact Person _____

Contact Telephone Number _____

Contact Email Address _____

Client Details:

Name _____

DOB _____ ATSI YES NO

Address _____

Phone Number _____

Have you previously been a client at BRADAAG Residential Rehab YES NO

WHEN? _____

Brief description of current situation:

Reason for Referral:

- Residential Rehabilitation Admission Assessment
- Outreach Transitional Aftercare
- Alcohol related Family Issues
- Alcohol related Domestic Violence
- Alcohol related Medical Condition

Client Consent

I have read the above information and agree to the referral. I authorise the referrer to release any information relevant to BRADAAG.

Client Signature _____ Date _____

Referrer Signature _____ Date _____

Please email this form to: Pramila@bradaag.org.au