

# 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: [clientmanagement@bradaag.org.au](mailto:clientmanagement@bradaag.org.au)