



INITIAL CONTACT FORM

In order for us to assess if you are suitable for the Detour House program, we will require your information to be entered into a database and de-identified information provided to AIHW. Do you consent for us to provide this information? (Please Circle)
 Yes No

Case Worker:	Date:		
Client name:			
DOB/Age			
Phone numbers:			
Gender Identity/Preferred pronoun: Female/she			
Are you homeless:			
If Yes to above, for how long:			
Address prior to most recent episode of homelessness			
Current address:			
Are you living at this address now?			
Current source of income:			
ADF/NDIS membership?			
Occupation:			
Student Status: no			
Country of birth:			
ATSI or CALD: no			
Referred by: self. Was with Stepping Out but no more			
Rehab History (previous rehab of minimum 4 weeks essential)			
Doesn't have rehab experience			
When	Where	How long?	Other
Email:			
Partner:			



Children:
Current children's carer:
FACS involvement in family:
Legal History; Pending court dates and details:
Current AVOs Y/N:

AOD History:

In this section please describe the history of AOD usage. Include type of drug/alcohol, frequency, length of use and any other relevant information.

Have you used today?

- Yes
- No

Current substance use

Are you abstinent: Yes/No_____days

Detox _____ Phone: _____

Drug/Substance				
Duration				
Last used				

Support Networks Friends Family NA/AA Counsellor

Do you have a mental health diagnosis?

- Yes Are you taking your prescribed medication? **Y/N**
- No

Diagnosis	Doctor	Medication & Dosage	How long?



Have you been in hospital, prison or a psychiatric ward in the last 12 months?

Yes

No

If yes, details:

Do you have a history of self-harm?

Yes

No

Medical History:

Have you had any major or chronic illnesses, accidents in the past or current physical medical conditions?

Yes

No

Diagnosis	Doctor	Medication	Dose	How Long



Have you ever been diagnosed with an eating disorder?

- Yes
- No

Details:

Are you pregnant?

- Yes
- No

If yes, due date:

Family and Domestic Violence

Within the last year have you been hit, slapped or hurt in anyway by your partner or ex-partner?

- Yes
- No

Are you frightened of your partner or ex-partner?

- Yes
- No

If you are accepted into the program are you safe to go home afterwards?

- Yes
- No

Would you like some assistance with this?

- Yes
- No

Do you have a history of violent or aggressive behaviour?

- Yes
- No



Assessment Summary and Outcome:

Suitable for Detour House?

- Yes
- No (please complete Referral to other service and discuss with General Manager)

Discharge Summary provided? Y/N

Place on Waiting List?

- Yes, pending receipt of discharge summary
- No (please complete Referral to other service)

Further pre-admission information required?

- Yes
- No

Details:

Referral to other service:

Additional comments: