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: