

Intake/Referral Form

Eastern Dual Diagnosis Service /FAN
Homeless Youth Dual Diagnosis
Initiative (HYDDI)



FAMILY ACCESS NETWORK INC



Date of referral

Worker's Name

Position

Agency

Phone no:

Reason for Referral

Help with assessment

Support

Treatment recommendations

Short term intervention

Referral to mental health/alcohol or other drug service

Relapse/Recovery Issues

Case management

FAMILY ACCESS NETWORK INC



Young Person Information

Name

Young person aware of referral? Yes No

DOB

Accommodation Type

Contact details; Address:

Phone no:

Mental Health

Concerns

Drug Use

Risk Issues

Management Plan

Services Involved

Please fax referral form to Carol Addicoat 9890 9919 or email: carol.addicoat@easternhealth.org.au

Mobile: 0481 916 643