



**Queensland
Government**
Queensland Health

Alcohol, Tobacco and Other Drug Services

Referral Form

Referral Date: _____

Referral From (eg GP, hospital ward):

Agency	
Contact Name	
Phone No.	
Fax No.	
Address	

Client's Details (Hospital Label):

Surname	
Given Name(s)	
Address	
Phone	
D.O.B.	

Reason for Referral

Alcohol and Drug History

Other Relevant History

This referral is made in consultation with the client. The client agrees to accept both the referral and feedback between services / agencies.

Worker's Signature _____

Name *(Please Print)* _____

Designation _____

Date /...../.....

Client's Signature _____

Name *(Please Print)* _____

Date /...../.....

Referral of Clients to Alcohol, Tobacco & Other Drug Services (ATODS)

Client referrals to Alcohol, Tobacco and Other Drug Services for substance use issues occurs via the following process.

- 1 *The **purpose** of the referral should be to either:*
 - 1.1 Assist in current in-patient management, or
 - 1.2 Provide the client with post-discharge management within the community.
- 2 *To refer the client to ATODS for post-discharge management:*
 - 2.1 **Discuss with the client** the reason for making a referral to ATODS.
 - 2.2 Advise client that a **written referral** will be sent to ATODS. This letter is to contain an outline of the client's history and the reason for making the referral at this time.
 - 2.3 Ask client to sign a release of information form / **consent form**.
 - 2.4 Fax or send the written referral and discharge summary to ATODS before discharging the patient from the hospital into the community. A completed and signed referral form can be **faxed to (07) 4778 9666** or place in the internal mail.
 - 2.5 **Keep a copy** of the referral form in the patient's hospital file.
- 3 *To request the ATODS consultation and liaison services for advice on an in-patient matter:*
 - 3.1 **Discuss with the client** the reason for consulting with ATODS at this time.
 - 3.2 A referral note from a **medical doctor** is to be written into the hospital file.
 - 3.3 Hospital staff are to **contact an ATODS intake worker** on phone number 4778 9677 at the following times –

**10 am and Midday on Monday to Friday, and
3 pm and 4 pm on Monday to Thursday.**

Please have the patient's hospital file on hand to provide information that may be requested from an ATODS intake worker over the telephone.
 - 3.4 From the information you provide, an ATODS worker will agree to either:
 - 3.4.1 Provide **immediate telephone consultation and advise** to hospital staff, or
 - 3.4.2 Advise a hospital staff member of an appropriate time and day for a **hospital visit** by an ATODS worker.
- 4 For **feedback** purposes the client's team or case manager is to be identified in the referral letter. This will enable an ATODS clinical worker to provide information on the client's attendance and / or progress should this be considered necessary.

Please find a blank ATODS Referral Form on the back of this page.