

# Referral Form

Social Futures Hub in Singleton is a free specialist AOD service for people wishing to reduce the harm associated with substance abuse and who live in the Hunter Region. Our service provides care coordination and psychosocial interventions.

## Referring Organisation Details

Organisation: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Date: \_\_\_\_\_ Phone: \_\_\_\_\_

## Person's Details

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ Pronouns: \_\_\_\_\_  
 Phone       Text       Email       Mail

All further questions are optional, your responses won't impact on the participant's access to the Hub.

Gender:  Female       Male       Non-Binary  
 Gender Fluid       Other (please specify)

Do they identify as LGBTIQSB+?     Yes       No

Indigenous Status:     Aboriginal       Torres Strait Islander       Neither

Country of Birth:     Australia       Other (please specify)

Main Language Spoken:     English       Other (please specify)

Do they identify as Culturally and Linguistically Diverse?     Yes       No

Do they identify as a person with a disability?     Yes       No

If yes, please specify:     Hearing       Intellectual / Learning       Mental Illness  
 Physical       Speech       Vision       Other

What is the primary drug of concern?     Unknown       Alcohol  
 Amphetamines       Benzodiazepines       Cannabis       Cocaine

Other (please specify)

Are there any other drugs of concern?



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What are the primary reasons for referring the person to Social Futures Hub?

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Are there any safety concerns for this person, including harmful substance use, self-harm, suicidal thoughts, abuse, domestic violence, risk taking behaviours, or any other challenges?

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Is there anything else we should know?

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Has the participant given verbal consent that they would like to engage with the Hub, are willing to have their details stored in our system, and are willing to be contacted?

Yes

No

Date Consented:

If you are using a paper-based form, then please return this form to:

[aodsingleton@socialfutures.org.au](mailto:aodsingleton@socialfutures.org.au)

**AOD Hub 1800 319 801**

**socialfutures.org.au**