



Referral Form

The Bridge in Singleton is a free specialist Alcohol and Other Drugs (AOD) support service for people wishing to reduce the harm associated with substance use. Supporting everyone in Singleton, Cessnock, Kurri Kurri, Muswellbrook, Maitland and surrounds. 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 op	tional, your responses won't i	impact on the partic	ipant's ac	ccess to The Bridge.		
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		
In the labour force?	□ Yes	□ No		□ Unknown		
What is the primary substance of concern?		□ Unknown		☐ Alcohol		
☐ Amphetamines	□ Benzodiazepines			□ Cocaine		
☐ Other (please specify)						
Are there any other substances of concern?						

We acknowledge the Traditional Owners and Custodians of the land where we live and work and their continuing connection to land, water, sea and community. We pay respects to Australia's First Peoples, to their unique and diverse cultures, and to Elders past, present and future.

What are the primary reasons for referring the person to The Bridge?					
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?					
Is there anything else we should know?					
Has the participant given verbal consent that they would like to engage with The Bridge, are willing to	☐ Yes	□ No			
have their details stored in our system, and are willing to be contacted?	Date Consented:				
If you are using a paper-based form, then please return this form to:					
thebridge@socialfutures.org.au					

The Bridge 1800 319 801

socialfutures.org.au/the-bridge