



VENNDALE REHABILITATION CENTRE
 Postal Address: PO Box 1019, Katherine, NT, 0851
 Street Address: Bruce Road, Via Katherine NT, 0850
 Telephone: (08) 89728600 Facsimile: (08) 8971 7435
 Email: admissions@kcaac.org.au

Client Referral Form

CLIENT DETAILS			Referral Date:	
Surname :			Given Name/s :	
Address :			Telephone:	
D.O.B :	Age:	Country:	Medical Report :	
Sex : M / F			(arrangements)	
Referrer Details :			Telephone contact numbers:	
			Email address:	
Sentence /Order type / Parole application : Y / N				
Emergency Contact Details				
Has client been convicted of a sexually related offence or serious violence : Y / N				
PRIORS AVAILABLE : Y / N Provide summary if priors not available				
Has or is the client currently being treated by any other services? Y / N			<input type="checkbox"/> Psychiatrist <input type="checkbox"/> Specialised mental health service <input type="checkbox"/> General Practitioner <input type="checkbox"/> Clinical Psychologist <input type="checkbox"/> Other (Please specify)	
Brief summary of addiction or substance abuse and level of motivation to address this				
How /where can client be assessed?				
Brief Summary of Client / Details:				

NOTE: Medical Report will need to be completed prior to admission outlining any medical conditions impacting on the clients' ability to undertake residential treatment, including whether client requires detox.