

Mother Baby Unit Referral Form

Curran Place
164 Banksia Street
Ivanhoe, VIC 3079
Telephone: (03) 9497 1122
Fax: (03) 9490 2499

Email: motherbabyintake@regen.org.au

1. Please complete this form **and** make contact with your local AOD service provider (see page 3)
2. The client will undertake *Step 1: Self-Complete Initial Screen for Alcohol and Other Drug Problems*, and *Step 2: AOD Comprehensive Assessment* with the local service provider
3. The service provider will send a referral with the Screening and Assessment to Curran Place
4. Curran Place Intake will coordinate the admission of the client

Name of referrer:

Contact Details:

Client Details

First Name:

Last Name:

Date of Birth: / /

Gender:

Medicare card number:

Suburb:

Healthcare card number:

Substance use:

Allergies:

Medical Conditions:

Physical disabilities/special needs:

Medications Taken Currently:

**Please note you must bring enough of your current medications for the duration of your stay*

Is the client happy to receive Emails to coordinate the intake? Email address:

Are you currently pregnant? Yes No **No. of weeks?** **Expected date of delivery?**

Other children? Yes No **In client's care?** Yes No

Baby Details

First Name:

Last Name:

Date of Birth: / /

Gender:

Has your baby been registered? Yes No Not Sure

Medicare card number:

Healthcare card number:

Area	Effective Date	Last Review Date	Version	Responsibility	Next Review Date
Clinical Services	June 2016	October 2016	1	Director Clinical Services	December 2016

Is the baby Aboriginal or Torres Strait Islander? Aboriginal TSI Both Neither Unknown

Breastfed or Formula Fed: What brand of formula?

Allergies:

Medical Conditions:

Immunisation status? *Please bring maternal health book in with you

Do you have a Maternal Child Health Nurse? Yes No Name:

Contact Information:

Physical disabilities/special needs:

Medications Taken Currently:

**Please note you must bring enough of your current medications for the duration of your stay*

Has the baby undergone any treatment for withdrawal since birth? Yes No

Currently? Yes No If not, when?

Overview of diet (i.e. has started solids; special dietary requirements):

Would you prefer to supply all your own baby foods? Yes No

Legal

Are there any Child Protection orders or involvement? Yes No

Office, Worker, Contact Number:

Are there any conditions? Yes No

**If subject to any orders or conditions, a copy must be provided with referral*

Is there any involvement with Child First? Yes No

Office, Worker, and Contact Number:

Are you involved in any family services or parenting support program? (i.e. Cradle to Kinder)?

Yes No

Office, Worker, and Contact Number:

Any family violence orders (i.e. IVO) and conditions of contact with partner and child?

Yes No

Details:

**Please bring a copy of the order upon admission*

Custody issues?

Area	Effective Date	Last Review Date	Version	Responsibility	Next Review Date
Clinical Services	June 2016	October 2016	1	Director Clinical Services	December 2016

Exit Plan

Who will transport you and/or your baby if you elect to leave early or are asked to leave the program early?

Name:

Contact number:

What other services is the client linked in with? (provide contact information)

Where will the client and baby be going upon discharge?

Consent

The Client has agreed to the referral Yes No

Client Signature:

Date:

Service Provider

Contact appropriate service provider and forward this referral to the service if possible. Please tick the box of the service provider receiving this referral. The service provider will conduct the AOD Screening and Assessment of the client. If unsure who the client's AOD service provider is, visit:

<http://www.vaada.org.au/wp-content/uploads/2014/09/VIC-AOD-Catchment-Intake-and-Assessment-details.pdf>

- ACSO (Gippsland, Hume, Goulburn Valley, Grampians, Loddon Mallee, Great South Coast) 1300 022 760
- Bayside Integrated Services (Bayside) 1800 229 263
- SECADA (South Eastern Melbourne) 1800 142 536
- FaMDAS (Frankston / Mornington Peninsula) 1300 665 781
- North and West Metro Alcohol and Other Drug Service (Inner North Melbourne, North Melbourne, North West Melbourne, South West Melbourne) 1800 700 514
- Sure Consortium (Eastern Melbourne) 1300 007 873
- Turning Point Alcohol and Drug Consortium (Inner East Melbourne) 1800 778 278
- Barwon AOD Consortium (Barwon) 1300 094 187; 1300 763 254 (Colac)
- Directline (Statewide Intake and Assessment Service) 1800 888 236
- Victorian Aids Council Inner South Community Health (Statewide LGBTI Intake and Assessment Service) 1800 906 669

Area	Effective Date	Last Review Date	Version	Responsibility	Next Review Date
Clinical Services	June 2016	October 2016	1	Director Clinical Services	December 2016