Date: …..…/…..…/……..

Attention:…………………….…………………….

Service provider:………………………………………………………………………………………

*Our service (name)* has received a referral for the following client:

|  |  |
| --- | --- |
| Name: |  |
| Gender:  |  |
| Date of Birth: |  |
| Contact Number: |  |

It has been identified that this client has recently received services from your organisation. We would be grateful if you could please forward any relevant assessment, care planning or discharge information which will assist their transition into our service.

**Consent to share information gained from client: YES / NO**

**Urgency of Request: URGENT / ROUTINE**

Timeline for acceptance / commencement of service: …………………………………………...

The client will be entering the following program:

**Program Details:**

* Type of Service (withdrawal, residential recovery, CCCC etc)
* Nature of program client will participate in (for example weekly counselling)
* Timeline for acceptance / commencement of service

Please do not hesitate to contact me if you have any queries.

Yours sincerely,

**Name of clinician**

Contact details (Address, phone, fax, email)