

COPE Program Referral Form

This treatment program is for clients with co-existing PTSD and substance use problems. Please complete this form and EMAIL with any relevant documentation to: TPSCS@turningpoint.org.au

<u>REFERRER INFORMATION</u>	<u>CLIENT INFORMATION</u>
DATE:	FIRST NAME:
NAME:	FAMILY NAME:
ROLE:	DOB: GENDER:
AGENCY:	IDENTIFIES AS INDIGENOUS: Yes No
TEL:	CULTURAL BACKGROUND:
EMAIL:	ADDRESS:
	POSTCODE:
	TEL:
	OK TO LEAVE A MESSAGE? Yes No
	EMAIL:

CURRENT ALCOHOL AND OTHER DRUG USE (please include amount and frequency of each substance):

AOD TREATMENT HISTORY:

PTSD / TRAUMA HISTORY AND SYMPTOMS:

OTHER PHYSICAL AND MENTAL HEALTH ISSUES INCLUDING DIAGNOSES AND MEDICATIONS:

OTHER SERVICES / SUPPORTS INVOLVED:

OTHER CONCERNS:

- Homelessness Family Violence Dependents (children, older adults) ABI

CLIENT AVAILABILITY, IF KNOWN (COPE is offered during business hours, Mondays to Thursdays):

INCLUSION CRITERIA	EXCLUSION CRITERIA
<ul style="list-style-type: none"><input type="checkbox"/> Women aged 25 years and over.<input type="checkbox"/> Current PTSD diagnosis or symptoms<input type="checkbox"/> Current problematic substance use and a willingness to reduce or cease harmful use.<input type="checkbox"/> Clients must be willing and able to travel safely to Richmond for treatment sessions.<input type="checkbox"/> Access to technology for listening to recordings between sessions and for attending via telehealth as required.	<ul style="list-style-type: none"><input type="checkbox"/> Current high risk of suicidal behaviour or serious threat to safety of others<input type="checkbox"/> Serious self-harm (or suicide attempt) within the last three months<input type="checkbox"/> Currently living under threat of violence or currently in a violent relationship<input type="checkbox"/> Highly substance dependent clients may need to complete medically supervised withdrawal before commencing the treatment.

Office Use Only:
Date Received:

Registered on MD / UR: