

Request for Client Assessment for Odyssey House NSW Community Services

Email/Fax to Odyssey House NSW Community Services: Email: referral@odysseyhouse.com.au / Fax: 02 9281 5146
If you have questions please call Odyssey House NSW Community Services: 1800 397 739 *OPTION 2*

Referring Organisation's Details

Date:		Organisation:	
Staff Name:		Position:	
Phone No:		Email:	

Client's Details

First Name:		Surname:			
AKA:					
D.O.B:		Age:			
Mobile:		Home Phone:			
Email:					
Address 1:					
Address 2:					
Suburb:		State:		Postcode:	

Gender

Male Female Other

Reason For Referral

Preferred Communication For Referral Outcome

Would you like feedback? Yes No Email Phone call Written Report

Please complete page 2.

Client Consent Form

Client's name:

I _____, D.O.B. _____

give consent for _____ to:

- Provide my details to Odyssey House NSW Community Services for the purpose of referral.
- Odyssey House NSW Community Services to provide feedback to the referring agency regarding my engagement in services.

Please tick the Odyssey House NSW Community Services location this referral is for:

Central and Eastern Sydney: Odyssey House NSW Community Services
Suite 2 / 199 Regent Street, Redfern NSW 2016

South Western Sydney: Odyssey House NSW Community Services
Level 2, 121 Queen Street, Campbelltown NSW 2560

Outreach Service Sites:

- Bowral
- Fairfield

Sydney North: Odyssey House NSW Community Services
24 Olga Street, Chatswood NSW 2067

Outreach Service Sites:

- Manly

Western Sydney: Odyssey House NSW Community Services
Suite 3, Level 3 / 83 Flushcombe Road, Blacktown NSW 2148

Outreach Service Site:

- Doonside
- Baulkham Hills

Client's Signature: _____ Date: _____

Staff's Signature: _____ Date: _____

This consent authority will cease upon the Client's exit from Odyssey House NSW Community Services engagement.