Odyssey House NSW
Client Referral Form

Request for Client Assessment for Odyssey House NSW

Email: referral@odysseyhouse.com.au
If you have questions, please call Odyssey House NSW on 1800 397 739

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:	NSW	Postcode:	2031

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.

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Client Consent Form

Client's name:

I, _____ D.O.B. _____

give consent for _____ to:

☐ Provide my details to Odyssey House NSW for the purpose of referral.

☐ Odyssey House NSW to provide feedback to the referring agency regarding my engagement in services.

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

☐ Odyssey House NSW Residential Services

☐ Odyssey House NSW Withdrawal Unit

☐ Odyssey House NSW Parent's and Children's Program

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

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

   Outreach Service Site:
   • Bowral   ☐

☐ Sydney North: Odyssey House NSW Community Programs
   Suite 9 / 1 Ashley Street Hornsby NSW 2077

   Outreach Service Sites:
   • Milsons Point   ☐
   • Narrabeen   ☐
   • West Ryde   ☐

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

   Outreach Service Site:
   • Guildford   ☐

Client signature: _____ Date: _____

Staff signature: _____ Date: _____

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