

Request for Client Assessment for Odyssey House NSW

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:	
		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 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 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 Site:

- Bowral

- Sydney North: Odyssey House NSW Community Services
Suite 9 / 1 Ashley Street Hornsby NSW 2077

Outreach Service Sites:

- Kirribilli
- Narrabeen

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

Outreach Service Sites:

- Baulkham Hills
- Guildford

Client's Signature: _____ Date: _____

Staff's Signature: _____ Date: _____

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