

DRUG AND ALCOHOL PSYCHOLOGY PROGRAM INFORMATION SHEET AND PROVISIONAL REFERRAL FORM

The Hunter Primary Care Drug and Alcohol Psychology Program provides free psychology services with interventions tailored to the client's goals. Interventions may include treatment of existing mild-moderate mental health symptoms and/or support to reduce or stop using alcohol or other drugs, including aftercare support focusing on relapse prevention.

Available Psychology Services include counselling and brief interventions with a psychologist, delivered face-to-face, video-call or over the phone. We have a range of locations available including: Newcastle, Maitland, Port Stephens, Cessnock, Kurri Kurri, and Singleton.

Along with psychology services, HPC also offers MindReach, a telephone supported program for people experiencing mild to moderate drug or alcohol use. It can also help manage mild to moderate mental health issues. MindReach includes a workbook, which contains information and activities that are designed to help with common concerns. The MindReach worker provides regular telephone appointments which can last up to one hour. The phone calls offer support to build skills to manage drug or alcohol use. If more support is needed than what MindReach can provide, the person can be transferred to one of our psychologists.

Eligibility criteria:

- Aged 16 years or older
- Mild-moderate alcohol or other drug use and/or
- Mild-moderate mental health symptoms

Our program is not appropriate for people who:

- Require long-term or ongoing support
- Experience severe dependence or poly-drug use requiring medical care
- Are requesting work development, court-ordered or probation and parole treatment reports

In these instances, our intake team can provide recommendations for alternative services if required.

We also accept self-referrals. Please contact our intake team on **(02) 4935 3039** or

PRIMA@hunterprimarycare.com.au for more information.

DRUG AND ALCOHOL PSYCHOLOGY PROVISIONAL REFERRAL FORM

Date of referral:			
Client Name:			
Date of Birth:			
Address:			
Contact number:			
Does the person identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Aboriginal but NOT Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but NOT Aboriginal <input type="checkbox"/> NEITHER Aboriginal or Torres Strait Islander <input type="checkbox"/> Not stated/adequately described		
Nationality		Primary language	
		Interpreter required	Y N
Gender Identity	Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Other _____	Preferred Pronoun	He/Him <input type="checkbox"/> She/Her <input type="checkbox"/> They/Them <input type="checkbox"/>
Emergency contact person (name, relationship & tel no):			
GP details:			
Has this referral been discussed and the person consented to this referral?	Yes No	Please note we cannot accept referrals without the client's consent	
Permission to SMS or send mail	Yes No	What type of support is the person requesting:	Psychology <input type="checkbox"/> MindReach <input type="checkbox"/>
Risk of harm to self or others	Yes No	If yes, please provide details:	
Child Protection/Domestic Violence Concerns	Yes No	If yes, please provide details:	
Is the person currently involved with Community Corrections or have any current legal issues?	Yes No	If yes, please provide details:	



Reason for Referral:

Please provide details regarding current presenting concerns.

Substance Use History:

Please detail current and previous alcohol or other drug use including amount, frequency, duration of use and last use. Please detail any previous treatment for alcohol or substance use (including counselling or detox, and dates of service).

Mental Health History:

Has the person ever been diagnosed with a mental health condition? Has the person ever received previous treatment for mental health or substance use? Has the person ever had admissions to hospital or been involved with tertiary mental health services? Is the person currently taking any medication?

Background information:

Are there any other factors contributing to the person's current presenting concerns?

Supports:

Are there any other services involved? Who does the person currently find helpful to talk to/spend time with? What things does the person enjoy doing?

Goals:

What is the person hoping to achieve from accessing support? (e.g. improve mood, cease/reduce alcohol or drug use)

Referrer Name:	
Organisation:	
Role:	
Contact details:	Phone: Email:
Service Involvement:	

Please forward referral to: PRIMA@hunterprimarycare.com.au

Please note that we are **not** a crisis service. If your client requires more urgent support, please call triple zero (000), encourage them to present to their local emergency department or use one of the following options:

CRISIS SUPPORT PHONE SERVICES AND WEBSITES

Suicide Call Back Service: [1300 659 467](tel:1300659467) (counselling for anyone who is suicidal, caring for someone suicidal, or bereaved by suicide)

Lifeline: [131 114](tel:131114) (24 hours, 7 days)

Beyond Blue: [1300 224 636](tel:1300224636) (24 hours, 7 days)

Mensline Australia: [1300 789 978](tel:1300789978)

Alcohol and Drug Information Service (ADIS): [1800 422 599](tel:1800422599) (24 hours, information, referral, crisis counselling, support for people affected by drugs, families, friends, professionals)

WEBSITES:

www.sane.org | www.reachout.com | www.blackdog.org.au | www.relationships.com.au |

www.beyondblue.org.au | www.mensline.org.au | www.counsellingonline.org.au (24 hour drug and alcohol counselling)