**Youth Referral to CADS**

* CADS Altered High Youth Service (AHYS) provides alcohol and other drug (AOD) treatment for young people aged 13 – 19 years, including their family / whanau.
* CADS is a voluntary service, so it’s essential that any referral is discussed with the young person in question and they agree to it.
* You can ring us on 027 4624580 (or free call 0800 8451818) between 08:30 and 16:30 Monday to Friday. An AHYS worker will take your call, explain more about the service, answer any questions or take a referral.
* For more information about Altered High please go to [alteredhigh.com](https://alteredhigh.com/)

**1. Has the young person (YP) / client agreed to the referral? Yes** [ ]

**2. Young person / client details**

*(This service registration information is required for all people referred to Health NZ: Te Whatu Ora services)*

|  |
| --- |
| Name: *→* |
| DOB: *→* | Age : *→* | NHI: *(if known)* *→* |
| Gender / pronouns: *→* | Identifies as LGBT Rainbow? Yes [ ]  No [ ]  |
| Ethnicity: *List with primary ethnicity first. Include Iwi if NZ Māori* *→* | NZ resident: Yes [ ]  No [ ]  |
| Interpreter needed? No [ ]  Yes [ ]  | If yes, which language? *→* |

**3. Contact details**

|  |
| --- |
| Address: *→* |
| Email: *(if happy to receive) →* |
| Mobile phone: *→* | Other phone *→* |
| Whanau / Caregiver / Emergency contact:  |
| *Name →* | *Relationship →* | *Phone →*  |
| Is this key contact aware of this referral? Yes [ ]  No [ ]  |
| Other supports: |
| *Name* *→* | *Relationship →* | *Phone →* |
| *Name →* | *Relationship →* | *Phone →* |
| YP’s GP practice *→* |

**4. Referrer details (if not self-referral)**

|  |
| --- |
| Name: *→* |
| Organisation: *→* |
| Role / relationship to young person: *→* |
| Phone: *→* |
| Email: *→* |
| Address: *→* |

**5. Referral information**

*We ask for this information so that AHYS can allocate new clients straight to a suitable clinician. This improves the young person’s experience and helps with engagement (i.e. they don’t have to tell their story multiple times).*

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| --- |
| **Reason for referral:** *Young person’s concerns / referrer concerns related to alcohol and drug issues.* *→* |
| **Presenting alcohol & drug use/issues:** *Which substances, amounts, frequency, duration, harm and impact of use. Any previous treatment etc.?**→* |
| **Health, mental health, safety and risk concerns:** *Current mood/stressors, current/past treatment, diagnoses, self-harm/suicidality, harm to others/ from others and other risk. How is risk being managed currently?**→* |
| **Social Factors:** *Home/living situation, family structure & key relationships, education/study/employment, legal issues (include charges if know), peer issues, LGBT rainbow & cultural considerations etc.**→* |
| **Other agency / professional involvement\*:** *ie. Oranga Tamariki (OT), youth justice, probation services, school counsellor, mental health services, mentoring, police etc.**→* |
| **Names, roles and contact details (phone/email) of key agencies / professionals**→→→ |

**6. Further information to support allocation (if known)**

|  |
| --- |
| Preferred **venue** where young person would like to be seen: *e.g., CADS Unit, Youth centre, home, school / education setting – please provide specific details if applicable ie. school name and location.*  *→* |
| Access to videoconferencing (Zoom, etc.) [ ]  Yes [ ]  No [ ]  Unsure  |
| Preferred treatment approach(s)? [ ]  In person [ ]  Zoom/phone [ ]  Group [ ]  Unsure |
| Interested in an LGBT Rainbow AOD clinician? [ ]  Yes [ ]  No [ ]  Unsure  |
| ***Service preference*** *(please tick and send referral to relevant email address as per below)*[ ]  **Altered High** (*mainstream service*) - Ph: 0274624580 | alteredhigh@waitematadhb.govt.nz[ ]  **Te Ātea Marino** *(maori service*) - Ph: 098451820 | TeAteaMarinoWaharoa.Generic@waitematadhb.govt.nz[ ]  **Tupu** *(pacific service)* - Ph: 098451810 | TupuService@waitematadhb.govt.nz**Or free call CADS 0800 845 1818 and ask for the either Youth, Tupu, or Te Atea Marino** |

**7. Completed by: *→***

*(Full name, role & organisation/service)*

 **Date: *→***

*\*Please attach any other relevant information (e.g. previous assessments/treatment summaries, psychiatric/social work reports, justice information, FGC recommendations etc)*