

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

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 <input type="checkbox"/> No <input type="checkbox"/>
Ethnicity: List with primary ethnicity first. Include Iwi if NZ Māori →		NZ resident: Yes <input type="checkbox"/> No <input type="checkbox"/>
Interpreter needed?	No <input type="checkbox"/> Yes <input type="checkbox"/>	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 <input type="checkbox"/> No <input type="checkbox"/>		
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).

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

6. Further information to support allocation (if known)

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

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)