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| Drug and Alcohol Services SA (DASSA)Referral Form Guide – For GP’s and Mental Health |
| DASSA is a specialist drug and alcohol service that can assist you to manage patients with a history of alcohol and drug (AOD) dependence. |
| Services |
| Link: [DASSA Services](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/mental+health+and+drug+and+alcohol+services/drug+and+alcohol+services/for+health+professionals+dassa/clinical+advice+for+health+professionals)  * Drug and alcohol assessment * Relapse prevention/complex case management * Review of patients with problematic behaviours around prescription opioids * Initiation of opioid pharmacotherapy treatment * Inpatient withdrawal for patients with high severity dependence or medical complexity (e.g. a history of alcohol withdrawal seizures or delirium, severe liver disease, unstable medical problems) |
| When to Refer |
| DASSA provides services to people who have moderate to severe AOD dependence, and who also have high and complex needs. This includes patients with substance dependence who present with a history of:  * Recent overdose * Daily drug or alcohol use/dependence * Deteriorating physical or mental health * Social issues such as homelessness, domestic violence * Injecting drug use * Criminal activity relating to their substance use.  Inpatient withdrawal is available for patients with:  * An unstable medical or psychiatric condition exacerbated by AOD use * Poly-drug or alcohol dependence * Previous complicated alcohol withdrawal (seizures or delirium) or seizures associated with benzodiazepine withdrawal, or needing withdrawal but has potentially unstable medical problems.  The patient must agree to the referral and be told to expect a phone call or text from DASSA. Patients who do not meet the criteria for DASSA should be advised to call the Alcohol and Drug Information Service (ADIS) on **1300 13 1340** where they can be directed to a more appropriate service. |
| Where to Refer |
| CENTRAL SERVICES P: 7425 5000 F: 7425 5016 E: [Health.DASSACentralServicesAdministration@sa.gov.au](mailto:Health.DASSACentralServicesAdministration@sa.gov.au)NORTHERN SERVICES P: 7485 4600 F: 7485 4666 E: [Health.DASSANorthernServicesAdministration@sa.gov.au](mailto:Health.DASSANorthernServicesAdministration@sa.gov.au)SOUTHERN SERVICES P: 8325 8111 F: 8325 8177 E: [Health.DASSASouthernServicesAdministration@sa.gov.au](mailto:Health.DASSASouthernServicesAdministration@sa.gov.au)WITHDRAWAL SERVICES P: 7087 1700 F: 70871750 E: [Health.DASSALiaisonNurseWithdrawalServ@sa.gov.au](mailto:Health.DASSALiaisonNurseWithdrawalServ@sa.gov.au) |
| For More Information |
| Clinical advice is available over the phone 8:30am-10pm 7 days/week via the Drug and Alcohol Clinical Advisory Service (DACAS) P: 7087 1742 E: [HealthDACASEnquiries@sa.gov.au](mailto:HealthDACASEnquiries@sa.gov.au) or [DACAS web page](https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/substance+misuse+and+dependence/drug+and+alcohol+clinical+advisory+service+dacas).  * For other AOD services available in South Australia visit the ‘Know Your Options’  Website**:** <http://www.knowyouroptions.sa.gov.au/> * ASSIST screening tool - <https://www.assistportal.com.au/> |

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| DASSA REFERRAL FORM | | |
| **REFERRAL INFORMATION** | | |
| **SURNAME:** Click here to enter text. | **OTHER NAMES:** Click here to enter text. |
| **DOB:** Click here to enter text.  **GENDER:** Man Woman Self-Described: Click here to enter text.  **Address:** Click here to enter text.  **Address (Line 2):** Click here to enter text. | | |
| **Phone:** Click here to enter text.  **Medicare Id:   Expiry:  /**  **Does the patient identify as:**  Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander | | |
| **Other Cultural background and identity (details)** Click here to enter text. | | |
| **Is an interpreter required?**  Yes  No Language? Click here to enter text. | | |
| **Has the patient agreed to being contacted by a DASSA clinician?**  Yes  No | | |
| **Reason for Referral:** | | |
| Alcohol dependence  Withdrawal management  Opiates  Methadone/Buprenorphine treatment | | |
| Amphetamines  Substance dependence & chronic pain  Complex case management  Other comorbidity, complex mental health/drug and alcohol  Real Time Prescription Monitoring (ScriptCheckSA) issue. | | |
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| DRUG AND ALCOHOL ASSESSMENT | | |
| **Patient's recent use** (e.g. standard drinks/day, frequency, periods of abstinence, amount spent on drugs, date of last use, route of administration)? | | |
| Click here to enter text. | | |
| **Has the patient attempted withdrawal previously?**  Yes  No **Date of last attempt:** Click here to enter text. | | |
| **Has the patient ever suffered from:**  Withdrawal seizures  Delirium  Other withdrawal complications | | |
| ***Detail:*** Click here to enter text. | | |
| **Is the patient**  Pregnant weeks gestation  Homeless  At risk of domestic violence | | |
| **Does the patient have a history of**  Self-harm/suicidal ideation  Mental health illness | | |
| ***Details:*** Click here to enter text. | | |
| Hepatic Cirrhosis  Head injury  Cardiac disease  Wernicke encephalopathy / Korsakoff syndrome | | |
| **Are there any other factors which increase risks for the patient?** | | |
| Click here to enter text. | | |
| **Are there other services involved in the patient's care?** Click here to enter text. | | |
| **Does the patient have an** Advanced Care Directive  Legal Orders  Legal issues pending | | |
| ***Details****:* Click here to enter text. | | |
| **Are you the patient's treating clinician?**  Yes  No  **Please indicate appropriate service:**  GP  MH  Other  **Will you continue as the patient's clinician /doctor in the future**  Yes  No  **Would you work in a shared care arrangement with DASSA?**  Yes  No | | |
| **Referrer's name:** Click here to enter text.  **Email/fax**: Click here to enter text. **Phone:** Click here to enter text.  **Referring organisation's:** Click here to enter text.  **Date:**  Click here to enter text. | | |

**Please include relevant medical & mental health history and current medications**



Referral Information for patient/client

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| **Please include relevant medical & mental health history and current medications** Make the right move You have been referred to: |
| **\* Attach the patient's medical/mental health history and current medications to this referral**  **Welcome to Drug and Alcohol Services SA (DASSA).**  **Seeking assistance will give you and your family an opportunity to get help with your substance use.**  DASSA offers:   * Specialist assessment * Face-to-face counselling (including telehealth) * Inpatient and ambulatory withdrawal (detox) * Residential and non-residential rehabilitation services * Confidential telephone counselling, information and referral service. |

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|  |  |  | **DASSA Central Services** |
|  | 91 Magill Road, Stepney SA 5069. **Telephone: 7425 5000** |
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|  |  |  | **DASSA Northern Services** |
|  | 22 Langford Drive, Elizabeth SA 5112. **Telephone: (08) 7485 4600** |
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|  |  |  | **DASSA Southern Services** |
|  | 1/209 Main South Rd, Morphett Vale SA 5162. **Telephone: (08) 8325 8111** |
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|  |  |  | **Withdrawal Services** |
|  |  | Glenside Health Services (Karrayerta Drive) |
|  |  |  | 226 Fullarton Road, Glenside SA 5065. **Telephone (ADIS): 1300 13 1340** |

**If you don’t hear from us within 5 business days,**

**please call 1300 13 1340 for further information.**

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