Logo, company name

Description automatically generated

**AGENCY DRIVING CHANGE REFERRAL**

**Email referrals to** [**adas@odysseychch.org.nz**](mailto:adas@odysseychch.org.nz)

***NB: PLEASE COMPLETE THIS FORM IN FULL***

**DATE REFERRAL SENT:** Click or tap here to enter text.

**CLIENTS NAME:**Click or tap here to enter text. **DOB:**Click or tap here to enter text. **ETHNICITY:**Click or tap here to enter text.

**ADDRESS:**Click or tap here to enter text.

**Cell phone no:** Click or tap here to enter text. **Email:**Click or tap here to enter text.

**Is the client working?** Click or tap here to enter text.

**Number of impaired driving type convictions and/or charges (this includes excess breath alcohol, refused officers request for blood specimen, drove contrary to alcohol interlock and drove impaired under the influence of other substances):**

Click or tap here to enter text.

**Please give brief details about the client’s offending history, other than impaired driving type offences:**

Click or tap here to enter text.

**Are there any barriers to the client attending the group (e.g. work, motivation, transport)?**

Click or tap here to enter text.

**Are they currently on sentence? If yes, what type?**

Click or tap here to enter text.

**What is their sentence end date?**

Click or tap here to enter text.

**Are there any risk issues?**

Click or tap here to enter text.

**Are there any other relevant information (e.g. psychiatric history, previous AOD treatment history)?**

Click or tap here to enter text.

Click or tap here to enter text. understands that ADAS/Driving Change require a copy of their Criminal History to assess risk and suitability for the programme. They give ADAS/ Driving Change consent to obtain their Criminal History and Summary of Facts (if applicable) from the Department of Corrections/Ministry of Justice.

Click or tap here to enter text. gives consent for ADAS/Driving Change to contact the Department of Corrections if/when they are sentenced to inform them of their space on the programme, any assessment appointments, attendance, and recommendations.

**Name of referrer and designation:** Click or tap here to enter text.

**Contact email:** Click or tap here to enter text.

**Contact phone:** Click or tap here to enter text.