‘sdecc’
Sydney Drug Education & Counselling Centre

Referral to sdecc

For Young People aged 12 -25
Please note that if a parent/carer is seeking support for themselves they should contact SDECC directly.

Young Person Details

Legal Name	Phone	Street Address	Suburb	Post Code

Also Known As	Date Of Birth	Age	Gender	Preferred Language

Referral Details

Date	Referring Agency	Referring Person	Phone /Email

Has the young person expressed an interest in participating in counselling? Yes ☐ No ☐

CRITERIA CHECKLIST (x where applicable)

Does the young person agree to talk with an SDECC Counsellor via phone, on- line, or at an assessment meeting?	☐
Is the young person over the age of 12 and below 26 years?	☐
Does the young person live, work or study in the Northern Sydney region?	☐
Does the young person have a particular area of need/risk in relation to their substance use that they would like counselling support with?	☐
Are there any other risks/issues/access needs that we should be aware of?	☐

Please provide comments:

For referrals for young people under 14

Who is the preferred contact person for young people aged under 14? (x the applicable choice)

Father ☐ Mother ☐ Guardian ☐ Carer ☐

Person’s Name	Phone	Street Address	Suburb	Post Code

If the young person is over 14, we will contact them directly. If they are under 14 we will need to contact a parent/Guardian prior to assessment. If the young person would prefer a “warm referral” i.e. a joint meeting/visit to our service or via Zoom please let us know.

Contact The Young Person Directly ☐ Contact the Referrer Directly ☐

Presenting Issues (x where applicable)

X	Issue	X	Issue	X	Issue
☐	Drug/Alcohol Use	☐	Mental Health Issues	☐	Education/School Issues
☐	Family Situation	☐	Abuse	☐	Current legal issues
☐	Family & Domestic Violence	☐	Youth justice/corrections involvement	☐	Risk to self

Email completed form to referrals@sdecc.org.au

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Reason For the Referral

Information on the Young Person’s mental health:

What is the Young Person’s cultural background?

Identify any language concerns:

What support services is the Young Person currently receiving?

I confirm that I have the consent of the young person to make this referral.

Signature of referring person

Date

Please attach any supporting information e.g. discharge summary, safety plan, list of medication.

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