180-Program

Anger Management Program

Date [ ]  Group [ ]  Individual

|  |  |  |
| --- | --- | --- |
|  | [ ]  Elizabeth St CBD [ ]  Frankston | [ ]  Croydon |

# Client Information

Client Name Date of Birth

|  |  |  |
| --- | --- | --- |
|  |  |  |

Client Address

|  |
| --- |
|  |

Contact Numbers: Telephone (mobile preferred) Email Address (if wanted to be notified via email)

|  |  |  |
| --- | --- | --- |
|  |  |  |

Is it OK to leave a message/SMS on these numbers? [ ]  Yes [ ]  No

# Referrer Details

Name Agency

|  |  |  |
| --- | --- | --- |
|  |  |  |

Is the client responsible for payment? [ ]  Yes [ ]  Invoice agency

Has the client been informed of the referral? [ ]  Yes [ ]  No

# Referral Information

Alcohol/Drug of Choice/History:

|  |
| --- |
|  |

Current Corrections Orders:

|  |
| --- |
|  |

Type of Offending History:

|  |
| --- |
|  |

Is there a current Intervention Order in place? [ ]  Yes [ ]  No

Pending Court Dates? [ ]  Yes [ ]  No

If Yes, what do the offences relate to?

|  |
| --- |
|  |

Mental Health Diagnosis: Mental Health Practitioner:

|  |  |  |
| --- | --- | --- |
|  |  |  |

Other Relevant Information:

|  |
| --- |
|  |