

### Specialist Clinical Services 110 Church Street, Richmond 3121 T: 8413 8413



## **COPE Program Referral Form**

This treatment program is for clients with co-existing PTSD and substance use problems. Please complete this form and EMAIL with any relevant documentation to: <a href="mailto:treatment-regions-color: blue;">TPSCS@turningpoint.org.au</a>

REFERRER INFORMATION	CLIENT INFORMATION				
DATE:	FULL NAME:				
FULL NAME:	DOB: GENDER:				
ROLE (how long have you known the client):	PRONOUNS:				
	IDENTIFY AS ABORIGINAL AND/OR TORRES STRAIT ISLANDER: Yes No				
AGENCY:	IDENTIFY AS LGBTQIA+: Yes No				
	CULTURAL BACKGROUND:				
	ADDRESS:				
TEL:					
EMAIL:	POSTCODE:				
CLIENT HAS AGREED TO REFERRAL: Yes No	TEL:				
	OK TO LEAVE A MESSAGE? Yes No				
	EMAIL: (must be completed)				

**CURRENT ALCOHOL AND OTHER DRUG USE (please include amount and frequency of each substance):** 

**AOD TREATMENT HISTORY:** 

#### **INCLUSION CRITERIA**

Women aged 25 years and over.

Current PTSD diagnosis or symptoms.

Current problematic substance use and a willingness to reduce or cease harmful use.

Clients must be willing and able to travel safely to Richmond for treatment sessions.

Access to technology for listening to recordings between sessions and for attending via telehealth as required.

#### **EXCLUSION CRITERIA**

Current high risk of suicidal behaviour or serious threat to safety of others.

Serious self-harm (or suicide attempt) within the last three months.

Currently living under threat of violence or currently in a violent relationship.

Highly substance dependent clients may need to complete medically supervised withdrawal before commencing the treatment.

Office Use Only Date Received:

# **Kessler Psychological Distress Scale (K5)**

Please tick the answer that is correct for you:	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. In the last 4 weeks, about how often did you feel nervous?					
2. In the last 4 weeks, about how often did you feel without hope?					
3. In the last 4 weeks, about how often did you feel restless or jumpy?					
4. In the last 4 weeks, about how often did you feel that everything was an effort?					
5. In the last 4 weeks, about how often did you feel so sad that nothing could cheer you up?					