

**ODYSSEY HOUSE COMMUNITY SERVICES**

Email/Fax to Odyssey House Community Services Email: [referral@odysseyhouse.com.au](mailto:referral@odysseyhouse.com.au) Fax: 02 9281 5146  
 If you have questions please call Odyssey House Community Services: **1800 397 739 PRESS 2**

**Referring Organisation's Details**

Date:		Organisation:	
Staff Name:		Position:	
Phone No:		Email:	

**Client's Details**

First Name:		Surname:	
AKA:			
D.O.B:		Age:	
Mobile:		Home Phone:	
Email:			
Address 1:			
Address 2:			
Suburb:		State:	
		Postcode:	

**Gender**

Male  Female  Other

**Reason For Referral**

**Preferred Communication For Referral Outcome**

Do you require feedback? Yes  No  Email  Phone call  Written Report

If the above answer is 'Yes' to requiring feedback please complete the consent form on page 2.

Signed:		Date:	
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**CONSENT TO PROVIDE REFERRAL FORM**

Date:		Organisation:	
Person Referring Client:		Position:	
Phone No:		Email:	
Client's Name:			

I \_\_\_\_\_, D.O.B. \_\_\_\_\_  
 authorise \_\_\_\_\_ to provide this referral form to the following  
 organisation for the purpose of referral.

- Central and Eastern Sydney: Odyssey House Community Services  
Level 1 / 61 Renwick Street, Redfern NSW 2016
- Central and Eastern Sydney: Odyssey House Community Services  
Unit 3 / 190 - 192 Canterbury Road, Canterbury NSW 2193
- South Western Sydney: Odyssey House Community Services  
Suite 1 / 15-23 Dumaresq Street, Campbelltown NSW 2560
- Sydney North: Odyssey House Community Services  
24 Olga Street, Chatswood NSW 2067
- Western Sydney: Odyssey House Community Services  
Suite 3, Level 3 / 83 Flushcombe Road, Blacktown NSW 2148

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This consent authority will cease upon the Client's exit from Odyssey House - Community Services engagement.**