



Chloramphenicol 0.5% 10mL  
**Chlorsig**

Instil ONE  
drop into affected eye  
hours or as directed. DISCARD  
OPENING Dateopened / /

Patient Name:  
Batch: 10986  
EXP: 31/05/15  
REP OUT OF REACH

The Leavelle Hospital Pharmacy  
33 Paris Street, Townsville 48'



**Referral to Alcohol, Tobacco and Other Drug Services (ATODS)**

(Affix identification label here)

URN:  
 Family name:  
 Given name(s):  
 Address:  
 Date of birth: Sex:  M  F  I

**CLINICAL INFORMATION/REASON FOR REFERRAL**

**Mental State**  
 If mental state scores at moderate to high mental distress call 1300 MHCALL or other relevant Mental Health Service before ATODS

Mood Behaviour:  Settled  Depressed  Elevated  
 Agitated  Aggressive  
 Psychotic Features:  No  Yes  
 If 'Yes',  Delusions  Hallucinations  Command hallucinations  
 Paranoia

Current risk of self harm:  Low  Medium  High  
 Details including previous harm to self:

Current risk of harm to others:  Low  Medium  High  
 Details including previous harm to others, child protection and DV concerns:

**Relevant investigations, assessments and results**

BBV  LFT  Other relevant pathology  Alcohol AUDIT

**Current Medications**  
 • Doses  
 • Start date if known

**Probation and Parole only**

Client recommended for:  Intake assessment Date: \_\_\_\_\_  
 Kickstart Date of group: as recommended during the assessment phase.

DO NOT WRITE IN THIS BINDING MARGIN

- Listed for phone or video link up with legal representative (if required).

### SPECIAL NEEDS

Does the offender present with any of the following needs:

- Physical/intellectual disability: \_\_\_\_\_ Intensive Management Plan required
- Religious needs: \_\_\_\_\_
- Cultural needs: *Refer to Cultural Unit for Cultural Development and Identity Induction*
- Health/medical conditions: \_\_\_\_\_
- Any other need which requires a supervision regime, intensive case management and/or intervention strategies to assist with the offender's integration within a correctional facility: \_\_\_\_\_

- Intensive Management Plan Required – Referred to Accommodation Manager

Refer local procedure – Townsville Correctional Centre (male & male farm) Case Management

### OTHER WELFARE NEEDS

- Relationship Considerations. Actions/ Referrals: Nil \_\_\_\_\_
- Family Considerations. Actions/Referrals: Nil \_\_\_\_\_

Completed by:

Name **Andy McQueen**

Position **Provisional psychologist**

Date 18-7-13

#### Information Privacy Notice

#### Sections 50, 52, 134 , 263 and 341 of the *Corrective Service Act 2006*

The Department of Community Safety is collecting the information on this form for the following purposes:

- to assess the emergent welfare and care needs of offenders upon admission into custody; and
- for the Department to discharge its legislative, accountability, administrative, reporting, management, personnel and financial functions.

Collection of this information is authorised/required by the *Corrective Service Act 2006*.

The Department of Community Safety usually gives some or all of this information to the Queensland Police Service or other State, interstate, Commonwealth and international government departments or other entities; to private organisations which provide services to offenders and, in some circumstances, to individuals.

In addition to the above uses and disclosures, your personal information may also be used and disclosed as per the Queensland Corrective Services *Offender Privacy Statement*. The statement has been provided to all offenders and is also available in accommodation units, offender libraries and movement control stations where applicable.