

Referral Form

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|  Personal Details |
| Name: |  |
| Current residence |  |
| Contact Number |  |
| Date of Birth |  |
| Gender |   |
| Is the participant of Aboriginal or Torres Strait Islander origin? |  |
| Is the participant ofCulturally and Linguistically Diverse (CALD) background? |  |

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| NDIS Information |
| Has NDIS paperwork been submitted? If yes, SIL Quote required in the plan? |  |
| NDIS No |  |
| Plan Managed / Agency Managed? Please provide details |  |
| Plan Manager Details- name and Email: |  |
| Copy of NIDS Plan provided Yes/ No |  |

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| Psychiatric Diagnosis  |
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| Physical illnesses / Communicable Diseases: e.g. Hep B, HIV, TB, STD and etc. |
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| Medications |
| List of medications |  |
| Current medication setup (independent/ Webster pack, administered by staff when) |  |
| Adherence issues |  |
| Allergies |  |

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| GP Details |
| Current GP |  |
| GP Contact details |  |

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| Details of Mental Health Treating Team |
| Psychiatrist  |  |
| Clinical Manager |  |
| Is the participant under a PTO?  |  |
| Is the participant under any other orders? |  |

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| Guardians and carers Details |
| Does the participant have a guardian? If yes, please provide details |  |
| Does the participant have a nominated carer? |  |
| Does the participant have a nominated carer? If yes, please provide details |   |
| Family members / NOK Contact details:  |   |

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| MENTAL HEALTH |
| How does the participant present when unwell? |  |
| Any known triggers/ high risk situations?  |  |
| What are their early warning signs?  |  |
| What supports/ strategies does the participant require when unwell? |   |

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| Risk of suicide |
| Past suicide attempts |  |
| Protective Factors |  |
| De-escalation strategies  |  |

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| Risk of self-harm |
| Frequency |  |
| Method |  |
| Severity |  |
| Protective factors |  |
| De-escalation strategies |  |

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| PERSONALITY / BEHAVIOUR |
| Does the participant get along with others easily?  |  |
| Current or history of aggressive /challenging behaviours.  |   |
| Strategies for managing aggressive/ challenging behaviours?  |   |

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| OTHER COMMENTS |
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Referrer’s Name:

Referrer’s signature:

Contact email and phone number:

Date:

Participant / Guardian Signature:

Consent form signed- Yes/No: