Logo, company name

Description automatically generated

Referral Form

|  |  |
| --- | --- |
| Personal Details | |
| Name: |  |
| Current residence |  |
| Contact Number |  |
| Date of Birth |  |
| Gender |  |
| Is the participant of Aboriginal or Torres Strait Islander origin? |  |
| Is the participant of  Culturally 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 |  |

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

Referrer’s Name:

Referrer’s signature:

Contact email and phone number:

Date:

Participant / Guardian Signature:

Consent form signed- Yes/No: