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| --- | --- | --- | --- | --- | --- |
| Client Details | Date of Birth: | Male / Female | Date of referral: | | |
| Surname: | | | Referrer details: | | |
| First Name: | | | Case Manager name:  Contact details: | | |
| Home address:  Marital Status: | | |
| Contact phone number/s:  (H) (M) | | | Treating Doctor:  Contact no: | | |
| Next of Kin/ Emergency Contact:  Name:  Contact No:  Relationship:  Consent to contact: Yes No  CV  CV | | | Reason for Referral:  Admission Diversion/ Relapse Prevention  CV  Early Discharge/ Transition Home  CV  Virtual SUSD Support  CV | | |
| Employment Status:  Income Source:  Living arrangements:  Accommodation type:  Country of Birth:  Primary Language:  Aboriginal/TIS: Yes No  CV  CV | | | Is the client on any of the following:  Is client under the Mental Health Act?  Yes No Expiry Date: \_\_/\_\_/\_\_  CV  CV  Details:  Guardianship Order: Yes No  CV  CV  Expiry Date: \_\_/\_\_/\_\_  Power of Attorney: Yes No  CV  CV | | |
| Mental Health Diagnosis: | | | Medical History/ Disability: | | |
| Symptoms of Concern Now: | | | | | |
| Psychiatric History: | | | | | |
| Needs of Client:  Strengths of Client:  Recovery Goals Identified by Client: | | | | | |
| Current Medication: Please provide current medication profile | | | | | |
| Does the Client Usually Take Their Medication as Prescribed:  Yes No Uncertain  CV  CV  CV  Any Known Side Effects/ Allergies: | | | | | |
| Precautions/ History of:  Yes No If Yes, Please provide current risk assessment profile:  CV  CV  Substance Abuse  Self-Harm  CV  CV  Verbal/ Physical Aggression  CV  CV  Vulnerable to Exploitation  CV  CV  Forensic  CV  CV | | | | | |
| Children and Dependants Name/s: Age/s: | | | | | |
| Significant Other/s: | | | | Relationship: | Phone: |
| NDIS/ Other Services/ Agencies Currently Involved: | | | | Contact Person: | Phone: |
| Has this referral been discussed with the client? Yes No  CV  CV  Is the client agreeable to being referred? Yes No  CV  CV  CV  Does the client agree to this referral being discussed with family/carer/s? Yes No  CV  CV  Has the referral been discussed with the client’s family/ carer/s? Yes No  CV  Has the client got stable accommodation? Yes No  CV  CV  Client’s level of motivation to receive the service High Moderate Low  CV  CV  CV | | | | | |
| Referrer Name: Position:  Signature: Team:  Date: Contact No: | | | | | |