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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 NoCVCV | Reason for Referral:Admission Diversion/ Relapse Prevention CVEarly Discharge/ Transition HomeCVVirtual SUSD Support CV |
| Employment Status:Income Source:Living arrangements:Accommodation type:Country of Birth:Primary Language:Aboriginal/TIS: Yes No CVCV | Is the client on any of the following:Is client under the Mental Health Act? Yes No Expiry Date: \_\_/\_\_/\_\_CVCVDetails:Guardianship Order: Yes No CVCVExpiry Date: \_\_/\_\_/\_\_Power of Attorney: Yes No CVCV |
| 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 CVCVCVAny Known Side Effects/ Allergies: |
| Precautions/ History of:  Yes No If Yes, Please provide current risk assessment profile: CVCVSubstance Abuse Self-Harm CVCVVerbal/ Physical AggressionCVCVVulnerable to Exploitation CVCVForensic CVCV |
| 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 CVCVIs the client agreeable to being referred? Yes No CVCVCVDoes the client agree to this referral being discussed with family/carer/s? Yes No CVCVHas the referral been discussed with the client’s family/ carer/s? Yes No CVHas the client got stable accommodation? Yes No CVCVClient’s level of motivation to receive the service High Moderate Low CVCVCV  |
| Referrer Name: Position:Signature: Team: Date: Contact No: |