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| **REFERRAL** |
| Referred by: Contact details:  Date: |
| Agency: How did you hear about Mix It Up? |
| Referral request:  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………   * Support Coordination * Psychosocial Recovery Coaching * Transport * Carer Support * Social/ Shopping * Capacity Building * Community Centre * Community Activity/ Event * Other (describe) |
| **PARTICIPANT INFORMATION** |
| Mr/Mrs/Ms/Miss  Surname: Given name(s): |
| Preferred name: Date of birth: M/F |
| Address: |
| Telephone: |
| Email: |
| Country of birth: |
| NDIS ID: NDIS plan date: |
| Language: Translator required: Y/N |
| Funding (please tick applicable):  NDIA Managed Self-managed NDIS Plan managed Private Services  Plan Manager’s name (if applicable):­­­ Phone: |
| Preferred Method for contact: |
| **MEDICATION** |
| What medications are being taken? (Please list) |
| How is the medication administered? |
| Will you be self-administering medication whilst receiving support? |
| What are the potential side effects of the medication? |
| What do workers need to be aware of? |
| **EMERGENCY CONTACT** |
| Name: |
| Relationship: |
| Address:  Phone: |
| Clinic name:  GP: Phone: |
| Medical conditions:  ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………… |
| **PRIMARY CARER INFORMATION (If relevant)** |
| Mr/Mrs/Ms/Miss  Surname: Given name(s): |
| Preferred name: Date of birth: M/F  Address: |
| P hone: Carer relationship:  Email:  Country of birth: Translator required: Y/N |

Additional Information: *(Please include any information that will assist in providing the participant with support)*

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| **RISK ASSESSMENT PRIOR TO HOME VISIT**  *(Find out as much information possible about the following points from the referral source. If this is too intrusive (i.e. referral source id self), then tick ‘unkown’).* | | |
| **Risk Factors** | **Comment** | **Level of Risk** |
| 1. History of aggression/violence |  | * Very Likely * Likely * Unlikely * Highly Unlikely * Unknown |
| 2. Substance abuse |  | * Very Likely * Likely * Unlikely * Highly Unlikely * Unknown |
| 3. Psychiatric Illness |  | * Very Likely * Likely * Unlikely * Highly Unlikely * Unknown |
| 4. Threatening/argumentative behaviour |  | * Very Likely * Likely * Unlikely * Highly Unlikely * Unknown |
| 5. Animals |  | * Very Likely * Likely * Unlikely * Highly Unlikely * Unknown |
| 6. Accommodation Issues |  | * Very Likely * Likely * Unlikely * Highly Unlikely * Unknown |
| 7. Other |  | * Very Likely * Likely * Unlikely * Highly likely * Unknown |
| Notes: *(Any known risks or concerns)* …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… | | |