**REFERRAL FORM**

**SERVICE USER INFORMATION**

|  |  |
| --- | --- |
| Full Name including any middle name(s):  |  |
| Date of Referral:  |  |
|  DOB: |  |
| Religion/ Cultural background: |  |
| Language/s |  |
| Interpreter required:  | YES / NO |
| Home Address: |  |
| Phone number: |  |
| NDIS number (if applicable) |  |
| Start and review dates of NDIS plan (if applicable) | Start date: \_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_Review date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_ |
| Does the individual attend school or day service: | YES / NOIf yes, please provide the name of the school or organisation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Who will be providing consent? (Name and contact number) |  |
| Other professionals involved:  |  |
| What type of accommodation is the person living in?  | Family homeSDASILSRSPrisonNo fixed addressOther – please state  |
| Primary (and secondary) diagnoses/ nature of disability  |  |
| Please list any medications the person is taking  |  |
| Please provide a brief description of the current issue(s) |  |
| Who is the best person to speak to about the issues stated? |  |

**SERVICE(S) REQUESTED:**

|  |  |
| --- | --- |
|  Assessment of Risk |  Support to Reduce Restrictive Interventions |
|  Functional Behaviour Assessment |  Trauma-Informed Positive Behaviour Support Training |
|  Behaviour Support Plan Development and Training \*Note: this service must include a Functional Behaviour Assessment |  Brief Consultation (up to 5 hours) |
|  Family Based Support |  Secondary Consultation (up to 20 hours) |
|  Person-Centred Staff Training and Support  |  Organisation Consultation |
|  Clinical Supervision |  Project Work |

 **SERVICE REQUEST DETAILS**

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| --- |
| Please state the intended goals of service(s): |

**Behaviour Support Plan**

|  |  |
| --- | --- |
| Does the person require a new behavior support plan (BSP)? | Yes/No |
| Does the person require a reviewed/renewed BSP? | Yes/No |
| If yes, what date does the current BSP expire?  |  |
| Please circle any restrictive interventions the individual is subject to and/or are included in their current behavior support plan:* Chemical restraint
* Environmental restraint
* Seclusion
* Mechanical restraint
* Emergency (PRN) physical restraint
 |

**NDIS Support Plan Funding**

|  |  |
| --- | --- |
| Support Category: **Improved Relationships****(Please note we can only accept NDIS referrals that have funding for the two support categories below under Improved Relationships)** | Number of hours in client’s plan |
|  Specialist Behaviour Intervention Support (11 022 0110 7 3) |  |
|  Behaviour Support Plan and Training (11 023 0110 7 3) |  |

Are there any mobility or accessibility limitations?

|  |
| --- |
|  YES / NO |
| If Yes, please state: |

 **Person Completing Form**

|  |  |
| --- | --- |
| Name: |  |
| Organisation/Department: |  |
| Relationship to Person:  |  |
| Phone/Mobile: |  |
| Email: |  |
| Has this referral been discussed with the person/ family/ and or carer | YES / NO |
| Signature: |  |
| Name (please print):  |  |
| Date:  |  |

In order to triage referrals effectively and efficiently, please complete the following risk matrix for whom this referral is being made. Place an (x) or tick the most appropriate box for each question

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Risk****Within the past 3 months has the person experienced:**  | **None**  | **Minor: 2-3 times per month**  | **Moderate:** **2-3 times per week**  | **Major: Daily**  | **Already Occurred**  |
| Minor injury to self (redness, bruising, small abrasions, does not require medical or psychological attention) |  |  |  |  |  |
| Minor injury to others (redness, bruising, small abrasions, does not require medical or psychological attention) |  |  |  |  |  |
| Major or Permanent Injury or potential of death to self (requires medical attention, hospitalisation, emergency services or psychological injury) |  |  |  |  |  |
| Major or Permanent Injury or Death to Others (requires hospitalisation, emergency services or psychological injury) |  |  |  |  |  |
| Interruption of Service or School Placement |  |  |  |  |  |
| Loss of Service or School Placement |  |  |  |  |  |
| Homelessness and/or family breakdown |  |  |  |  |  |
| Substance Abuse or Addiction |  |  |  |  |  |
| Police or Criminal Justice Contact |  |  |  |  |  |
| Sexual Exploitation of Self or Others |  |  |  |  |  |
| **Risk****Within the past 4-12 months has the person experienced:** | **None**  | **Minor: 2-3 times per month**  | **Moderate:** **2-3 times per week**  | **Major: Daily**  | **Already Occurred**  |
| Minor injury to self (redness, bruising, small abrasions, does not require medical or psychological attention) |  |  |  |  |  |
| Minor injury to others (redness, bruising, small abrasions, does not require medical or psychological attention) |  |  |  |  |  |
| Major or Permanent Injury or potential of death to self (requires medical attention, hospitalisation, emergency services or psychological injury) |  |  |  |  |  |
| Major or Permanent Injury or Death to Others (requires hospitalisation, emergency services or psychological injury) |  |  |  |  |  |
| Interruption of Service or School Placement |  |  |  |  |  |
| Loss of Service or School Placement |  |  |  |  |  |
| Homelessness and/or family breakdown |  |  |  |  |  |
| Substance Abuse or Addiction |  |  |  |  |  |
| Police or Criminal Justice Contact |  |  |  |  |  |
| Sexual Exploitation of Self or Others |  |  |  |  |  |

Office use only

Risk score:

Priority: