

REFERRAL INTAKE FORM

(Please fill out as much as possible)

Part 1: Personal Details

First Name:

Last Name:

Date of Birth (DOB):

Gender: Male Female Transgender Not Specified

Address:

Suburb:

Post Code:

Email:

Phone:

*Please note, at least one method of contacting the person must be provided

Country of Birth:

Aboriginal: YES NO Torres Strait Islander: YES NO

Main Language:

Dialect:

Interpreter required: YES NO

Next of Kin (in case of emergency)

Name:

Contact details:

Office use only:

Date:

Staff Member:

Database entry: YES NO



Part 2: Confidentiality & Consent

Please read this form through with the person and take the time necessary to help them understand what confidentiality and informed consent is.

Privacy statement

All necessary steps are taken to ensure that the privacy and confidentiality of all information gathered during your support period with Pindari House. Case notes are completed following the completion of each meeting you attend with Pindari House and stored in person files in accordance with the *Privacy Act 1988*.

Confidential information will only be disclosed in the following circumstances:

1. If you have provided written consent (Permission to Release Personal Information Form) for information to be shared between Pindari House and another party.
2. For Professional Supervision purposes with another allied Health Professional. Your personal information remains anonymous to protect your privacy and confidentiality.
3. If the Courts subpoena (instructs) Pindari House to provide information.
4. If you, a child in your care or another person is considered to be at serious risk of harm which warrants disclosure of information.

I have had the following explained to me and understand (please tick):

- There are some circumstances where Pindari House may have to break confidentiality to keep me safe
- This is a voluntary service, and I can choose to end my support period with Pindari House at any time
- If I have any questions or concerns about the service and support, I receive from Pindari House, I can discuss this with my Case Manager

Person's name and signature:

Directions staff name:

Date:



Part 3. Personal needs assessment

Living Arrangements

What best describes your current living arrangement?

Caravan Park Homeowner Private Rental Public Housing

Sleeping Rough Couch Surfing Hospital Crisis Accommodation

Temporary Housing Transitional Housing Prison Other Homelessness

Who do you live with? Alone Family Share House

Is the housing safe? YES NO

Is the housing stable? YES NO

Is it safe and appropriate to send Directions workers to the property?
YES NO UNKNOWN

Health

Mental health diagnosis (if no formal diagnosis, please describe symptoms)

How long has the person been experiencing symptoms?

Physical health concerns



Part 3. Personal needs assessment (continued)

Medication (including dose)

Hospital admission in the last 30 days? YES NO
Is there a Community Treatment Order in place? YES NO

Existing medical supports

Current treating doctor or team:

Contact details:

Substance Use

Has the person had any issues with alcohol and/or other drugs?

Current Past No Issue

Please provide further information if you think this affects the support the person needs:



Part 3. Personal needs assessment (continued)

Financial Supports & Income

Is the person in current employment?: Full time Parttime Casual None

Is the person connected to a Job Service agency: YES NO

Is the person receiving Centrelink payments: YES NO Type:

Is the person receiving NDIS funding with a current plan YES NO

Please provide further details in relation to financial supports:

Informal Supports

Does the person have contact with family members YES NO

Does the person have other support networks? YES NO

Please provide any further details in relation to informal supports:

Safety

Does the person have a history of harming themselves or others? YES NO

Does the person have a history of suicide ideation? YES NO

Has the person ever been in trouble with the Police? YES NO

Has the person ever spent time in custody? YES NO

Is the person at risk of harm from someone else? YES NO



Please provide any further details in relation to safety:

Part 4. External Referrals

Record details of external referral agencies to assist in support of person's needs

Referral Agency 1:

Suggested agency for referral	Contact details
Is the person eligible: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Primary reason for referral:	
What can this referral agency provide in terms of services and support for this person?	



Referral Agency 2

Suggested agency for referral	Contact details
Is the person eligible: YES <input type="checkbox"/> NO <input type="checkbox"/>	
Primary reason for referral:	
What can this referral agency provide in terms of services and support for this person	

