

Section to be completed by the referring party

Client Details:

Name: _____ DOB: _____
Phone: _____

Name of the referring Organisation and worker (including contact details)

Diagnosis:

Mental illness with dual diagnosis of alcohol and/or drug dependency.
Client is actively addressing substance use issues.

or

Person is not acutely unwell and is managing their prior drug use and has responded to current treatment

Details: _____

Discharge Plan (if coming out of PSU or Calvary):

Please fax a discharge plan to Lodge staff along with the referral documentation.

Health Support:

Clinical manager _____

GP _____

Psychiatrist _____

Drug and alcohol worker _____

Finances:

Public trustee *Manage own finances Family manage finances Other

- If you manage your own finances it is policy that Centrepay will be setup to pay your rent. Failure to do this will result in canceling of your application.

Rent:

Rent is calculated from a percentage of your wage, currently rent is _____ you also get a rental rebate, which equals _____. Rent is payable once a fortnight, not paying of rent with result in eviction from The Lodge.

Guardian: Yes No

If yes, Guardian's Name: _____ DOB: _____

Created on 12/07/2006 10:25:00 AM

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Reviewed: 2.04.09

Manager Approved:

Address: _____

Phone: _____

Medical Information

Overall medical health:

Current Medications:

Medicare number: _____

Health care card number: _____

Has there been a medical review conducted recently? Yes No

If yes, date (of review): ___/___/___

What was the result of this and any actions resulting from the review (i.e. medication change)?

Is the client continent? Yes No

If no, please supply details of requirements that are used to address this situation:

Does the client have problems with mobility? Yes No

If yes, what are the mobility problems, including any information on aids required to address this:

Does the client suffer any memory problems? Yes No

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Reviewed: 2.04.09

Manager Approved:

If yes, what are they?

Mental Health Information

Diagnosis:

In what way is this diagnosis experienced by the consumer:

Medications:

Current Mental Status (general overview):

At risk behaviours: Self Harm Suicidal Previous suicide attempts

Details:

Substance Usage

Please describe any substance usage and type in the client's past:

Please describe the client's current substance usage:

Please describe the client's usual mood and presentation when not under the influence of a substance (happy, angry, detached, gets on well with others, argumentative, communicative etc.)

Please describe the client's usual mood and presentation when under the influence of a substance:

Family and Community Linkage

What are the client's current support networks (please include contact details)?

Please note that if a client is accepted for long-term accommodation at The Lodge:

-It is the referring parties' responsibility to arrange a webster pack for all oral medications (including PRN) prior to the client's arrival at The Lodge. Alterations to medication need to be accompanied with a new webster pack. No accounts will be opened for respite clients and they or the referring organisation will need to organise for payment up front for the medication.

-It is the referring parties' responsibility to attend the appointment time arranged for check in with the client to go through the information forms with Lodge staff. Failure to attend at the arranged appointment time will result in the client not being able to check in until a later date.

Section to be completed by Lodge Staff

Outcome of referral: Accepted Not Accepted

Reasons:

Signed:

Dated:

Check in times for clients are Monday to Friday between 12-3pm.

Appointment time arranged for check in: ___/___/___ __:__pm

- Boarding Agreement (discussed and signed)
- Release of Information to obtain information (discussed and signed)
- Release of Information to release information (discussed and signed)
- Support plan (discussed and filled in soon as practicable upon entry)
- Important Phone contacts (discussed and filled in soon as practicable upon entry)
- Account Application Form (completed prior to entry)
- Centrepay (Filled in if appropriate)