

The Lodge Respite Referral Form

Date:.....

Lodge Contact details: ph: (02) 61633707 fax 61633713 mobile 0438217055

Please fax through completed referral documentation

Section to be completed by the referring party

Client Details:

Name: _____ DOB: _____

Phone: _____

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

Accommodation:

To be eligible for respite a consumer MUST have accommodation else where

Details of accommodation/Current address:

Diagnosis:

Mental illness with or without dual diagnosis of alcohol and/or drug dependency.
Client is actively addressing substance use issues.

or

Client is not acutely unwell and has responded to current treatment but requires
additional support not available in the home environment and is not requiring
hospitalisation.

Details: _____

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

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

Mental Health Support:

The clinical manager (or in the event the consumer does not have a clinical manager a
member of the CATT remains involved).

Contact person and contact details:

Community Treatment Order (or other orders). Yes No Due to expire: _____

Finances:

Public trustee Manage own finances Family manage finances Other

Details: _____

Created on 7/12/2006 10:28:00 AM

C:\Documents and Settings\catherinej\Local Settings\Temporary Internet Files\OLK5B\The Lodge
Respite Beds Referral Form.doc

Reviewed: 2.04.09

Manager Approved:

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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

If yes, what are they?

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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:

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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)?

Has the client ever been site banned from Ainslie Village (will be formally verified)?

Yes No

Please note that if a client is accepted for respite 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

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Outcome of referral: Accepted Not Accepted

Reasons:

Signed:

Dated:

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

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