

Residents for RF Residential Recovery Program

Name:	
Current residence:	
Date of Birth:	
Gender:	

Has NDIS paperwork been submitted? If yes, where in the process are you up to?	
NDIS No.	

Why do they require 24 hour supported accommodation?	
---	--

Medications	
Current medication setup (independent/Webster pack, administered by staff when)	
Adherence issues	
Clozapine	
Allergies	

Psychiatric Diagnosis:

--

Physical illnesses:

--

Current GP:

GP Contact details:

--	--

Psychiatrist:

Psychiatrist contact details

Mental Health Clinician:

MH Clinicians Contact details:

Are they under a PTO?

Are they under any other orders?

Do they have a guardian?

Guardians contact details

**Family members /
NOK**

Contact details

FINANCES

Are they under the Public trust?

Public Trust contact details:

Centrelink number

How are there finances being managed at the moment.

- Rent (including rental allowance)
- Shopping
- Day to day expenses

Can they withdraw their money independently?

Do they require assistance with budgeting?

Do they often run out of money?	

HOSPITAL ADMISSIONS

How many admissions have they had in the past 2 years?	
If currently an inpatient for 3 months or longer, and what has been the challenges / impediments for discharge?	

OTHER

Do they own a mobile phone?	
Do they have a car?	

SUBSTANCE USE

Current or past use of illicit substances	
Current or past history or alcohol abuse	

ACTIVITIES OF DAILY LIVING

Do think require any aids or home modifications?	
Do personal ADLS require prompting/ assistance?	
Any issues with toileting/incontinence?	
Any history of falls?	

ACCESSING THE COMMUNITY

Transportation/ accessing the community	
Can they catch a bus independently?	
How to they get their shopping?	
How do they get to appointments?	

SUICIDE RISK

Past suicide attempts	
Protective factors	
De-escalation strategies	

SELF HARMING BEHAVIOURS

Frequency	
Method	
Severity	
Protective factors	
De-escalation strategies	

MENTAL HEALTH

What support do they require to maintain living in the community?	
How do they present when they are well?	

Please forward this referral to angela@rfact.org.au or priscilla@rfact.org.au or fax to 62477691

Any known triggers/ high risk situations?	
What are their early warning signs?	
How do they present when unwell?	
What supports/strategies do they require when unwell	

CURRENT DAY / WEEK

What Is their average week like? What activities do they engage in?	
What is their motivation like?	
What groups are they are currently involved with?	
Are they linked with any other agencies/ support services?	

PERSONALITY / BEHAVIOURS

Do they get along with others easily?	
--	--

Current or past history of aggressive /challenging behaviours. (if past how long ago and what was the context?)	
Strategies for managing aggressive/ challenging behaviours?	

Any safety risk? Leaving things on? Past fires?	
--	--

COOKING

Do they cook? If yes, how much support/assistance do they require?	
What are they currently eating?	

OTHER COMMENTS

--

Referrers Name _____

Referrers signature _____

Contact email and phone number _____

Date _____

Residents Signature _____