

# Summary and referral information

**Purpose: to record and share a summary of the consumer's presenting and identified issues and other information to assist in a referral.**

## Consumer

Name: \_\_\_\_\_

Date of Birth: dd/mm/yyyy \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Sex: \_\_\_\_\_

UR Number: \_\_\_\_\_

or affix label here

## Presenting issue(s) as identified by the consumer or their representative:

Information provided by: \_\_\_\_\_

Reason for referral as identified by service provider:

## Description of presenting and underlying identified issues

Presenting and underlying issues:

Significant history (medical, medication issues, developmental, functional/daily living skills, social, emotional, trauma -including abuse or neglect, etc.):

Other: \_\_\_\_\_

Social, spiritual and diversity considerations (Including cultural practices, beliefs, traditions important to the consumer):

## Court and statutory orders:

Mental health orders Code: \_\_\_\_\_

Orders relating to children Code: \_\_\_\_\_

Intervention orders Code: \_\_\_\_\_

Guardianship and administration orders Code: \_\_\_\_\_

Other type of court or statutory order (please specify): \_\_\_\_\_

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This information collected by:

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Name: \_\_\_\_\_ Position/Agency: \_\_\_\_\_ Sign: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Contact number: \_\_\_\_\_ Email: \_\_\_\_\_

## Alerts

Allergies: \_\_\_\_\_

Risks: (attach any available risk assessments): \_\_\_\_\_

Risk management strategies: \_\_\_\_\_

There are concerns that the consumer is not capable of making their own decisions: \_\_\_\_\_

Enduring powers of attorney are in place: \_\_\_\_\_

Access to the referred service has been discussed with the consumer? ☐ Yes ☐ No

Barriers to Service: \_\_\_\_\_

Support required to address barrier to service: \_\_\_\_\_

## Current services

Services used in the last twelve months. Consider all health and community services.

Agency	Service type	Record contact details or other information as appropriate (eg key contact)

## Referrals sent

Agency	Service type	Contact details	Purpose of referral	Feedback required