

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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Produced by the Victorian Department of Health, 2012

This information collected by:

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Name:

Position/Agency:

Sign:

Date: dd/mm/yyyy / /

Contact number:

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Alerts

Allergies:	
Risks: (attach any available risk assessments)	Code: <input type="checkbox"/>
Risk management strategies:	
There are concerns that the consumer is not capable of making their own decisions	Code: <input type="checkbox"/>
Enduring powers of attorney are in place	Code: <input type="checkbox"/>
Access to the referred service has been discussed with the consumer? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Code:	Record contact details or other information as appropriate (eg key contact)

Referrals sent

Agency	Service type Code:	Contact details	Purpose of referral	Feedback required

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