

PARTICIPANT INCOMING REFERRAL FORM

REFERRAL DETAILS			
Referral Date:			
Referrers Name:		Position:	
Organisation:			
Phone:		Email:	
PARTICIPANT DETAILS			
Participant's Legal Name:			
Participant's Preferred Name:		Date of Birth:	
		Country of Birth:	
Street Address:			
Mobile Phone:		Email:	
Home Phone:			
Aboriginal or Torres Strait Islander:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Preferred Language:			
Interpreter Required:	Yes <input type="checkbox"/> No <input type="checkbox"/>		
ADDITIONAL INFORMATION			
Support Management:	<input type="checkbox"/> Referrer has the authority to approve all matters (including charges) on behalf of the participant <input type="checkbox"/> Participant has the authority to sign all paperwork deemed necessary by Compass House to engage support. If not, who is required to sign? _____		
Funds Management:	<input type="checkbox"/> NDIA Managed <input type="checkbox"/> Plan Managed by whom: Email _____ <input type="checkbox"/> Self Managed		

GUARDIAN			
Guardian Full Name:			
Relationship to Participant:			
Mobile Phone:		Email:	
Home Phone:			
Is this a legally appointed Guardian	Yes <input type="checkbox"/> No <input type="checkbox"/>		
EMERGENCY CONTACT			
Full Name:			
Relationship to Participant:			
Mobile Phone:		Email:	
Home Phone:			

HEALTH AND MEDICAL INFORMATION	
Allergies / Alerts:	
GP Details:	Name:
	Practice:
	Phone:
	Email:
Pharmacist Details:	Name:
	Phone:

Medication:	Medication Required Yes <input type="checkbox"/> No <input type="checkbox"/>		
	Prompt Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Assistance Required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Administration Required: Yes <input type="checkbox"/> No <input type="checkbox"/>
If Medication is required to be taken during the hours of support provided by Compass House	Details:		

ENTRY CRITERIA	
Does the participant have a diagnosed Mental Health Condition:	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO has been selected, the participant does not meet the entry requirements for Compass House.	
If YES please specify:	
Are there any other health conditions including falls risks:	
Please be aware that children regularly attend the professional suites upstairs from Compass House (116 Elphinstone Street, Berserker, Q 4701), if this poses an issue please contact us to discuss methods of support.	

SUPPORT REQUIRED	
NDIS Plan Number:	
Plan Start Date:	
Plan End Date:	
Goal 1:	
Goal 2:	
Goal 3:	
Goal 4:	
Goal 5:	

Are there any Behaviour Management Plans in place: If YES please supply to Compass House	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are there any Restrictive Practice Plans in place: If YES please supply to Compass House	Yes <input type="checkbox"/> No <input type="checkbox"/>
Compass House will provide a quote for service until the end of the NDIS plan. Please specify here if you would like a different duration of support.	Duration for Schedule of Support:
Preferred Start Date:	
What type of support is required:	<div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1:1 In Home and/or Community <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun Transport allowance: number of km per shift: Hours required per shift: </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1:1 in Centre (full day includes lunch) 8.30-3.00pm <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> <i>Fri (see outing day below)</i> <input type="checkbox"/> Pick up and drop off required </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1:1 in Centre (Morning only) 8.30-11.30am <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> <i>Fri (see outing day below)</i> <input type="checkbox"/> Pick up and drop off required </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1:1 in Centre (Afternoon only) 12:00-3pm <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> <i>Fri (see outing day below)</i> <input type="checkbox"/> Pick up and drop off required </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1:1 in Centre FRIDAY outing day (full day includes lunch) 8.30-3.00pm does require additional 25km of transport in booking <input type="checkbox"/> Fri <input type="checkbox"/> Pick up and drop off required </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1:3 in Centre (full day includes lunch) 8.30-3.00pm <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> <i>Fri (see outing day below)</i> <input type="checkbox"/> Pick up and drop off required </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1:3 in Centre (Morning only) 8.30-11.30am <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> <i>Fri (see outing day below)</i> <input type="checkbox"/> Pick up and drop off required </div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> 1:3 in Centre (Afternoon only) 12:00-3pm <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> <i>Fri (see outing day below)</i> <input type="checkbox"/> Pick up and drop off required </div>

	<input type="checkbox"/> 1:3 in Centre FRIDAY outing day (full day includes lunch) 8.30-3.00pm does require additional 25km of transport in booking <input type="checkbox"/> Fri <input type="checkbox"/> Pick up and drop off required
INCLUDE PUBLIC HOLIDAYS: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Participant Risk Assessment Form

General:

	Yes	No
1. Has the participant ever exercised force, towards any person including a caregiver that caused or could have caused injury?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the participant have a diagnosed mental illness (including paranoia)?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the participant currently taking any mental health related medication?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does the participant collect/hoard items in their room/house?	<input type="checkbox"/>	<input type="checkbox"/>
5. If so, do the collected items pose a potential fire risk?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the participant smoke?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the participant have a history with substance abuse (illicit drugs/alcohol)?	<input type="checkbox"/>	<input type="checkbox"/>
8. Can the participant effectively communicate their wants and needs to others?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the participant currently engage in or have a history of self-injurious behaviours/self-harm?	<input type="checkbox"/>	<input type="checkbox"/>
10. Is the behaviour of the participant unpredictable?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the participant likely to have access to weapons?	<input type="checkbox"/>	<input type="checkbox"/>
12. Any other risks that Compass House should be aware of?	<input type="checkbox"/>	<input type="checkbox"/>

If YES please provide details:

Challenging Behaviours:

Select any current or historic challenging behaviours

	Yes	No
Verbal threats/actions	<input type="checkbox"/>	<input type="checkbox"/>
Physical threats/actions	<input type="checkbox"/>	<input type="checkbox"/>
Absconding	<input type="checkbox"/>	<input type="checkbox"/>
Mouthing/Eating inedibles	<input type="checkbox"/>	<input type="checkbox"/>
Unwilling to follow instruction	<input type="checkbox"/>	<input type="checkbox"/>
Overtly loud or noisy	<input type="checkbox"/>	<input type="checkbox"/>
Impulsive/Agitated	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Are there any plans in place to targeting the participants challenging behaviours?

Please detail including the persons responsible:

PARTICIPANT/GUARDIAN DECLARATION

I consent to my information being provided to Compass House for the purposes of referral, service delivery and inclusion in de-identified data reporting.

Full Name: _____ Date: _____

Signature: _____