

CLIENT REFERRAL FORM – SECTION A

Referred by		
Name:	Organisation:	Contact number:
Relationship to client:	Email address:	
Services requested	<input type="radio"/> Support Coordination/ Case Management <input type="radio"/> Plan Management	<input type="radio"/> Attendant Care. <input type="radio"/> Accommodation. <input type="radio"/> Other:
	Please complete Section A.	Please complete both Section A & B.
Client Details		
Name:	Primary Contact Number:	
Date of Birth:	Secondary Contact Number:	
Gender:	Current Address:	
Email Address:		
Primary Disability:	Secondary Disability:	Additional Information (including health alerts e.g., asthma, epilepsy)
Are there any cultural or religious needs?		
If an interpreter is required, specify what language:		

Nominated Person Details			
Primary Contact		Next of Kin (if different to Primary Contact)	
Name:		Name:	
Relationship:		Relationship:	
Address:		Address:	
Telephone:		Telephone:	
Email Address:		Email Address:	
Current Services (E.g., Support Coordinator, General Practitioner, Occupational Therapist)			
Service/ Agency	Contact Name	Contact Number	Support Provided
Additional Information			
If meeting is being conducted at the client's residence, please detail any risks we should be aware of:			
NDIS / TAC Referral Number (if applicable)		NDIS Plan Start Date:	
		NDIS Plan End Date:	
Please attach any supporting documents (e.g., NDIS Plans, medication lists, medical plans, specialist reports) to support@dss.com.au .			

CLIENT REFERRAL FORM – SECTION B

Support Information	
<p>Mobility/ Motor Skills E.g., moving about the house, getting in and out of bed, leaving the house, moving around the community.</p>	<p>Does the client require mobility assistance?</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p>If assistance is required, please provide details:</p>
<p>Communication E.g., able to be understood as well as having the ability to understand and express needs and wants using age-appropriate speech and gestures.</p>	<p>Does the client require communication assistance?</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p>If assistance is required, please provide details:</p>

<p>Social Interaction E.g., making and keeping friends, interacting with the community, coping with feelings and emotions.</p>	<p>Does the client require assistance to be social?</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p>If assistance is required, please provide details:</p>
<p>Learning E.g., understanding and remembering information, learning new things and use new skills.</p>	<p>Does the client require assistance to learn?</p> <p>No Yes</p> <p>If assistance is required, please provide details:</p>
<p>Self-management E.g., doing daily jobs, making decisions and handling problems and money.</p>	<p>Does the client require assistance with self-management activities?</p> <ul style="list-style-type: none"> <input type="radio"/> No <input type="radio"/> Yes <p>If assistance is required, please provide details:</p>

Personal Care	
Does the client require help with:	
Eating/ Drinking	<input type="radio"/> No <input type="radio"/> Yes If assistance is required, please provide details:
Showering	<input type="radio"/> No <input type="radio"/> Yes If assistance is required, please provide details:
Shaving/ grooming	<input type="radio"/> No <input type="radio"/> Yes If assistance is required, please provide details:
Dressing	<input type="radio"/> No <input type="radio"/> Yes If assistance is required, please provide details:

Dental hygiene	<ul style="list-style-type: none"><input type="radio"/> No<input type="radio"/> Yes If assistance is required, please provide details:
Toileting	<ul style="list-style-type: none"><input type="radio"/> No<input type="radio"/> Yes If assistance is required, please provide details:
Foot care/ Nail care	<ul style="list-style-type: none"><input type="radio"/> No<input type="radio"/> Yes If assistance is required, please provide details:

Challenging Behaviours					
Behaviours	Present		Examples (including risks to self or others)	Triggers	Behaviour strategies
Verbal aggression	<input type="radio"/> Yes	<input type="radio"/> No			
Physical aggression	<input type="radio"/> Yes	<input type="radio"/> No			
Socially inappropriate behaviour	<input type="radio"/> Yes	<input type="radio"/> No			

Sexually inappropriate behaviour	<input type="radio"/> Yes	<input type="radio"/> No			
Impulsivity	<input type="radio"/> Yes	<input type="radio"/> No			
Wandering	<input type="radio"/> Yes	<input type="radio"/> No			

Self-harm	<input type="radio"/> Yes	<input type="radio"/> No			
Drug/ Alcohol	<input type="radio"/> Yes	<input type="radio"/> No			
Other	<input type="radio"/> Yes	<input type="radio"/> No			