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| Summary and referral informationPurpose: to record and share a summary of the consumer’s presenting and identified issues and other information to assist in a referral. |  | **Consumer**Summary and referral informationName:      Date of Birth: dd/mm/yyyy    /    /    Sex:      UR Number:      or affix label here |

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| **Presenting issue(s) as identified by the consumer or their representative:**       |
| Information provided by:       |

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| **Reason for referral as identified by service provider:**       |

Description of presenting and underlying identified issues

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| **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:

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| 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: | SRI Page 1 of 2 |
| Name:       | Position/Agency:       |
| Sign: | Date: dd/mm/yyyy    /    /     | Contact number:       |

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| Summary and referral informationPurpose: to record and share a summary of the consumer’s presenting and identified issues and other information to assist in a referral. |  | **Consumer**Summary and referral informationName:      Date of Birth: dd/mm/yyyy    /    /    Sex:      UR Number:      or affix label here |

Alerts

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| Allergies:       Risks: (attach any available risk assessments)       Code:    Risk management strategies:       There are concerns that the consumer is not capable of making their own decisions Code:   Enduring powers of attorney are in place       Code:    |
| Access to the referred service has been discussed with the consumer? [ ]  Yes [ ]  NoBarriers to Service:       Support required to address barrier to service:        |

Current services

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

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| **Agency** | **Service type**Code: | **Record contact details or other information as appropriate (eg key contact)** |
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Referrals sent

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| **Agency** | **Service type**Code: | **Contact details** | **Purpose of referral** | **Feedback required** |
|       |      |       |       |       |
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|  |  | Produced by the Victorian Department of Health, 2012 |
| This information collected by: | SRI Page 2 of 2 |
| Name:       | Position/Agency:       |
| Sign: | Date: dd/mm/yyyy    /    /     | Contact number:       |