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| 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**  Summary and referral information  Name:  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 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**  Summary and referral information  Name:  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  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.*

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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: |