InComPro Inc
ABN: 56 266 552 349

InComPro Aboriginal Association Inc.
Shop 14 – 41 Bagsters Rd
Salisbury North SA 5108
Phone: 0447 300 636

Client Referral Form

Date Submitted:

Client Details

Surname: | **First Name:** | **Preferred Name:**

Date of Birth: | **Age:** | **Gender:**

Language: | **Cultural Group:**

Current Address:

Client Information

Centrelink No: | **Medicare No:**

Ambulance Cover: | **Expiration Date:**

Current or Most Recent Service Structure in the Community: (Number of hours, staff : client ratio, active/passive hours etc)

Health & Clinical

Disability SA Eligibility Diagnosis (Include secondary diagnosis)**:**

Date made eligible if known:

GP: **(Name & Contact Details):**

Pharmacy: **(Name & Contact Details):**

Medications: YES / NO

Is the Current medication regime being successfully administered: YES / NO

Allied Health: **(Name & Contact Details): include psychologist, psychiatrist, speech pathologist, developmental educator, O/T, physiotherapist.**

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Mobility:

(If not ambulant include primary method of mobility in the home & in the community + transfer method at home and in the community):

Mental Health:

Axis 1 diagnosis? YES / NO
If yes provide details of community mental health worker

Community Treatment Order? YES / NO
Last known detention?
History of psychosis? YES / NO
Other mental health concerns:

Behaviour:

(Include all behaviours of concern – aggression, absconding, arson, drug seeking, sexualised, suicidal ideation, self harm, disrupting service provision inc making false allegations, property damage, deliberately placing self at risk):

Health Support Needs (as per Disability SA's Direct Health Support of People with a Disability Guideline):

Include all level 2 and level 3 heath support needs:

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Criminal Justice System Involvement

Current CJS Involvement:

Offending History:

Outstanding Charges & Allegations:

Include current investigations where client is a named person of interest.

Legal:

Is there a current Licence in place?

Length of the Licence is (limiting term)? **End Date?**

Is there a current Bail in place?

Length of the Bail Agreement? **End date?**

Conditions:

(as detailed on the bail/licence agreement):

Lawyer:

(Name & Contact Details):

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Other Services In Place

Guardianship:	YES / NO	**Office of the Public Advocate:**	YES / NO
Guardian Name & Contact Details:			
Section 32 in Place:	YES / NO If yes why was this put in place?		
Public Trustee:	YES / NO	**Private Funds Administrator:**	YES / NO
PT Name & Contact Details:			
Forensic Community Mental Health:			

Other Organisations (Government & NGO) that have worked with the client in the past:

Include name of organisation and if possible contact person details:

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Referrer Details

Your Name:		**Position:**	

Organisation:

Is your organisation the designated lead agency? YES / NO

If NO, which organisation is the designated lead?

Your Contact Details:

InComPro Inc will review the information enclosed as soon as possible and will be in contact in due course to arrange a meeting with your client, and a separate case conference with all stakeholders. If you have any questions you can call Steve Edwards on 0411 446698. Thank you for the referral.

NOTES