# Good Days Referral Form



Details

First Name (Legal)

Surname (Legal)

Name (If different to legal)

**Pronouns** 

Date of Birth

Gender

**Current Address** 

Telephone Number

**Email Address** 

**Country of Birth** 

Do you identify as

**Aboriginal** 

Yes

No

Torres Strait Islander

Yes

No

**Cultural Identity** 

Main Language

Interpreter Required

Yes

No

Next of Kin Details

First Name

Surname

**Pronouns** 

**Contact Number** 

Relationship

Referrer Details (Please leave blank if you are self-referred)

Name

**Position** 

Organisation Name

**Contact Number** 

**Email Address** 

Everyone, regardless of ability, age, culture, gender, race, sexual identity or intersex status are free to be themselves. Free to celebrate our differences. We are building a workplace where difference is embraced and encouraged

#### **Email Address**

Frequency of Contact with Referred Person

Will you be providing ongoing clinical/case management support for a minimum of 12 weeks?

Yes No

Please Note: Ruah does not accept 'duty of care' to individuals referred to the program. If you require more information regarding this, please contact the Support Coordinator in your area.

## Guardianship

Is there an enduring power of Guardianship in place?

Yes No

Is there a Guardianship Order with the Public Advocate?

Yes No

Is there an Administration Order with the Public Trustee?

Yes No

### Consent

Is the person aware of this referral, do they consent to release information to Ruah and for Ruah to Contact them?

Yes No

Please Note: This referral will not be processed unless the person has consented to the above.

Reason for Referral



For more information:

13 78 24

ruah.org.au



Everyone, regardless of ability, age, culture, gender, race, sexual identity or intersex status are free to be themselves. Free to celebrate our differences. We are building a workplace where difference is embraced and encouraged

## Mental Health and Wellbeing

#### **Current Mental Health Challenges**

What relevant documentation is attached? e.g.: BRA, Client Management Plan, Discharge Summary, Crisis Action Plan etc.

Are there any alerts that we should be aware of?

Yes No

If yes, please provide details

#### Co Morbidities

Physical Health Risk

If yes, provide details Yes No

Medical Health Risk

If yes, provide details Yes No

**Current or Historical AOD use** 

If yes, provide details Yes No

Other Agencies Involved

Please list any other agencies that are currently providing services

**Agency Name** 

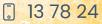
Service Provided

**Contact Person** 

**Contact Details** 



For more information:







Everyone, regardless of ability, age, culture, gender, race, sexual identity or intersex status are free to be themselves. Free to celebrate our differences. We are building a workplace where difference is embraced and encouraged

**Agency Name** 

**Service Provided** 

**Contact Person** 

**Contact Details** 

**Agency Name** 

**Service Provided** 

**Contact Person** 

**Contact Details** 

Additional Information





