

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

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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

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Agency Name

Service Provided

Contact Person

Contact Details

Agency Name

Service Provided

Contact Person

Contact Details

Additional Information