



rebuild · reconnect · rediscover life

REFERRAL FORM - RESPITE SERVICES

(To be completed by the Applicant/Client)

USE:

If you need assistance in completing this form please obtain it from someone (e.g. case manager, G.P., family member). The information in this form is used to help Mind staff make an informed decision about which program will best suit you. Information on this form will be kept in accordance with the Mind Privacy policy.

Applicant's Name: _____

Applicant's Phone: _____ Applicant's Mobile: _____

Referral Date: ____ / ____ / ____ Referred By: _____

Agency: _____ Agency Phone/Fax: _____

What type of respite activity are you interested in?

- Group Holiday
- Individual Respite
- Family Holiday
- Day Activities
- Brokerage

Have you been in/are you now involved in any other Mind program (which one/s – including respite)?

Who would you like us to contact when we receive this referral:

- Yourself
- Carer
- Worker
- (Please Specify): _____

RELATIONSHIPS

Personal Supports

Please give the details of your care giver/support person (not worker):

Name: _____

Address: _____

Telephone (Home): _____ (Mobile): _____

Date of Birth (dd/mm/yy): ____ / ____ / ____ Gender: Female Male

Preferred Language: _____ Relationship To You: _____

Are you (the applicant) a parent? Yes No

If Yes, do your children live with you? Yes No Sometimes

Professional Supports

Professional Support	1	2	3
Organisation			
Role			
Name			
Address			
Phone Number			
Length of Relationship			
How Often Do You See Them?			



rebuild · reconnect · rediscover life

**REFERRAL FORM -
RESPITE SERVICES**

(To be completed by the Applicant/Client)

PERSONAL WELL BEING AND ENVIRONMENT

Mental & Physical Well-Being

Do you have any mental health issues? (e.g. Mental Health Diagnoses) Yes No

If yes, please list: _____

How long have you experienced these issues? _____

If applicable, how many times have you been hospitalized? _____

If applicable, when was the last time you were hospitalized / how long for? _____

Do you take any prescribed medications for your mental health issue/s? Yes No

Do you have any disabilities that you want support with (e.g. Hearing, Acquired Brain Injury, Intellectual Disability)? Yes No

If yes, please list: _____

Do you have any physical health conditions that you want support with (e.g. Epilepsy, Diabetes etc)?

If yes, please list: _____

Do you require wheelchair access? _____

If known, please state the year of your last tetanus injection: _____

If applicable, please complete the following table for prescribed medications:

Mental Health Medication:	Dose:	Any Support Needed With Taking Medication?: (What type?)	Any Side Effects Experienced?: (What type?)
Other Medication:			

Safety Issues

Have you had any experiences with violence (current or past)? Yes No

Towards Property Towards Others Towards Self (eg. Self-Harm) From Others

Please outline details:



rebuild · reconnect · rediscover life

**REFERRAL FORM -
RESPITE SERVICES**

(To be completed by the Applicant/Client)

Substance Abuse

Do you currently, or have you in the past, used substances (e.g. Alcohol or Other Drugs)? Yes No

If yes, please complete the following:

Substance	Amount	Frequency	When Did You Last Use?	Affect On Behaviour?

ENVIRONMENT

Are you homeless? Yes No

Where do you live now (e.g. Private Residence, Hospital, Refuge)? _____

Do you currently live with anyone else (who)? _____

SENSE OF SELF

Why do you want to take part in respite program activities? _____

What does 'Recovery' mean for you? How do you think this Mind program will assist you with your recovery? _____

What are some of your interests and hobbies? _____

Do you have any cultural/religious requirements (e.g. Space for Worship etc.)? _____

Do you have any dietary requirements (e.g. vegetarian, vegan, kosher etc)? _____

SKILL BUILDING

What is your swimming ability? _____

What are your desired goals of the respite activity(ies)? _____

Is there anything else that you would like to add to this form? _____

Medical Indemnity (To be completed by the client)

I hereby declare that the information contained within this document is correct. I have been made aware that the staff will take all precautions necessary, however, I hereby and forever release, discharge, indemnify and hold _____ (please state relevant respite service) respite service or organizations sub-contracted by them and their staff harmless for any incidents, harm, loss, damages which I may suffer and/or sustain in anyway connected to the activities.

Should I be unable to do so, I authorize _____ (please state relevant respite service) respite service (their staff and organizations sub-contracted by them) to consent to me receiving any medical or surgical treatment as may be required, including blood transfusions and anesthesia. I also agree to pay any medical costs incurred by me.

Signature: _____ Date: ____/____/____

Thank you for taking the time to fill in this referral form. Please return it to Mind as soon as possible.