



08 7373 1437
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 www.senami.com.au
 facebook.com/senami
 16 Anderson Walk
 Smithfield SA 5114

ABN 44 905 723 517

Senami Counselling and Psychotherapy Services

Client Referral Form

Referrer Details			
Name:			
Agency:			
Date:			
Contact Details:			
Referral Request:			
Client Information			
First Name:		Last Name:	
Title: (Mr/Mrs):		Preferred Name:	
Pronouns:		Sex:	
Date of Birth:		Estimated Age:	
Address:			
Contact Number:			
Ethnicity:		Country of Birth:	
Language Spoken:		Interpreter Required:	
Living Arrangements: (Housing Type, household members, supports in place?)			
NDIS Participant Details			
NDIS Number:			
Plan Start Date:		Plan Start Date:	
Background Information & Diagnosis			
<input type="checkbox"/> Self-Managed		<input type="checkbox"/> Agency managed	<input type="checkbox"/> Plan Managed
If Plan Managed, please provide Plan Manager name, agency, contact number & email address.			
Primary Carer Information			
Full Name:			
Relationship:			
Contact Number:			
Email Address:			
Postal Address:			
Service Required			
<input type="checkbox"/> Early Childhood Intervention		<input type="checkbox"/> Support Coordination	
<input type="checkbox"/> Therapy / Counselling		<input type="checkbox"/> Specialist Support Coordination	
<input type="checkbox"/> Behaviour Management and Intervention		<input type="checkbox"/> Plan Management	
<input type="checkbox"/> Respite / Short Term Accommodation		<input type="checkbox"/> Medium Term Accommodation	
<input type="checkbox"/> Long Term Accommodation		<input type="checkbox"/> Specialist Disability Accommodation (SDA)	
<input type="checkbox"/> Community Access Supports		<input type="checkbox"/> Supported Independent Living (SIL)	



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RISK ASSESSMENT PRIOR TO HOME VISIT

Find out as much as possible about the following points from the referral source. If this is too intrusive (i.e. referral source is self) then tick 'unknown'.

RISK FACTORS	COMMENT	LEVEL OF RISK	
History of violence/aggression		<input type="checkbox"/> Very Likely <input type="checkbox"/> Likely <input type="checkbox"/> Unlikely	<input type="checkbox"/> Highly Unlikely <input type="checkbox"/> Unknown
Substance abuse		<input type="checkbox"/> Very Likely <input type="checkbox"/> Likely <input type="checkbox"/> Unlikely	<input type="checkbox"/> Highly Unlikely <input type="checkbox"/> Unknown
Psychiatric illness		<input type="checkbox"/> Very Likely <input type="checkbox"/> Likely <input type="checkbox"/> Unlikely	<input type="checkbox"/> Highly Unlikely <input type="checkbox"/> Unknown
Threatening/argumentative behaviour		<input type="checkbox"/> Very Likely <input type="checkbox"/> Likely <input type="checkbox"/> Unlikely	<input type="checkbox"/> Highly Unlikely <input type="checkbox"/> Unknown
Aggressive animals		<input type="checkbox"/> Very Likely <input type="checkbox"/> Likely <input type="checkbox"/> Unlikely	<input type="checkbox"/> Highly Unlikely <input type="checkbox"/> Unknown
Accommodation/household issues		<input type="checkbox"/> Very Likely <input type="checkbox"/> Likely <input type="checkbox"/> Unlikely	<input type="checkbox"/> Highly Unlikely <input type="checkbox"/> Unknown
Other		<input type="checkbox"/> Very Likely <input type="checkbox"/> Likely <input type="checkbox"/> Unlikely	<input type="checkbox"/> Highly Unlikely <input type="checkbox"/> Unknown

Where there are ticks indicating risk is 'Very Likely' or 'Likely,' more than one co-ordinator must be recommended to attend home visit, and it must be discussed with the team leader prior to visit.

RECOMMENDATION

- 1 Coordinator
 2 Coordinators
 1 Coordinator and Other Professional
 Unsure (Discuss with Team Leader or On-Call Coordinator)
