

Summary and Referral Information

If question is irrelevant or information not known, write Not Applicable or NA

Record Agency Assigned Consumer Identifier (initial contact agency)

or affix label here

Why the Consumer Is Seeking Services

Description of reason for referral as identified by the consumer or referring agency, plus description of other issues as identified by the consumer or in the initial needs identification process:

Notes:

Department of Human Services

16204021



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Name: _____ Designation/Agency: _____

Sign: _____ Date: _____ Contact number: _____

If information becomes superseded, indicate below and record updated information on a new form

The information on this form has been superseded

Date: _____ Name: _____ Sign: _____

Summary and Referral Information

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or affix label here

Current Services

Record services used in the last three months

Service	Record contact details or other information as appropriate

Consider all health and community services, including (but not limited to) alternate therapists, aged care, alcohol and drug, community health, counselling, dental care, disability, emergency accommodation, family planning, home care, hospital inpatient, hospital outpatient, hospital emergency, maternal and child health, medical (GP), medical (specialist), men's health, mental health, palliative care, rehabilitation, residential aged care, respite care, self help groups, sexual health, women's health, youth services.

Initial Action Plan

Taking into account the reason/s that the consumer is seeking services and any other issues you and the consumer have subsequently identified, summarise the initial action required.

To be referred to:

Agency/health professional	For	Consumer Consent	Referral Method	Feedback required	Date

Agency/health professional: Complete in legible text. If you will be continuing to see the client, include yourself in the list of agencies/professionals for referral

For: Record purpose of referral in legible text

Consumer Consent: Record: (1) Yes, consumer consents to referral and to sharing of information as specified on consumer consent form. (2) Yes, consumer consents to referral but not to sharing of information. (3) No, consumer has not consented to this referral.

Referral method: Record: (1) This form faxed to agency. (2) Letter (copy on file). (3) Electronic. (4) Verbal request, face-to-face or phone call. (5) Other (incl. refer to self).

Feedback required: Record: (1) To initial referral agency. (2) To GP. (3) To agency completing INI. (4) To carer/guardian. (4) Other.

Date: Record date referral actually made. If no referral actually made, leave blank

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Name: _____ Designation/Agency: _____

Sign: _____ Date: _____ Contact number: _____

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Date: _____ Name: _____ Sign: _____