

## Referral Form

# Sexuality Services

Date of referral

### Client details

Contact for appointments

Name

Address

Email

Phone

Date of birth

Gender

Male  Female  Non-binary/  
genderfluid

Different identity (please specify):

Interpreter  
required

Yes  No

Language/cultural background e.g. ATSI

### Next of kin details

Contact for appointments

Name

Address

Email

Phone

### GP details

Name

Clinic name

Phone

Address

## Funding details

Participant number (if relevant):   Self-funding  NDIS  icare

Approval attached  or, quote required  Other funding (please specify):

### IF NDIA

NDIA (agency managed)  Self managed  Plan managed

Plan Manager name:

Email  Phone

### If icare / Compensable

Contact person

Address

Email  Phone

## Support coordinator / Case manager details

Contact for appointments

Name

Service

Address

Email  Phone

## Primary disability / Impairment / Relevant health information:

Uses alternative augmentative device

Yes  No

Non-verbal

Yes  No

### Does the client have any of the following diagnosis:

<b>Cardiovascular disease</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:	<input type="text"/>
<b>Diabetes</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:	<input type="text"/>
<b>Mental Health</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:	<input type="text"/>
<b>Positive Behavioural Support Plan</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Details:	<input type="text"/>

### Current medications

### Reason for referral

### Interventions already tried / Outcome

### Safety issues / Concerns / Client risks

## NDIS / My plan goals

Attached  Yes  No

## Referrer details

Contact for appointments

Name

Service

Address

Email

Phone

Consent obtained for referral?  Yes  No

### If internal referral:

Consent obtained to review file?  Yes  No

### Approx. date of discharge

## Other relevant contacts / Service providers for client

Name

Service

Email

Phone

Name

Service

Email

Phone

Name

Service

Email

Phone