

Campus

REFERRAL FOR ADMISSION TO ALFRED PREVENTION AND RECOVERY CARE (PARC)

Last name*	First name/s*	Date of birth*
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*mandatory fields

- Attach all relevant histopathology reports and investigations
- Your participant will be contacted with appointment details

Enquiries: T 9832 9300 E: parc.referrals@alfred.org.au

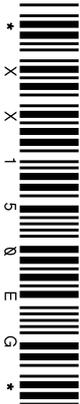
Participant details

Sex at birth	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Gender identity	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non binary <input type="checkbox"/> Not stated <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Different term	
Address				
Telephone		Email		
Medicare No	Reference No	Expiry	NDIS No	
Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language		
Country of birth				
Aboriginal status		<input type="checkbox"/> Not Aboriginal or Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Torres Strait Islander not Aboriginal <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Aboriginal not Torres Strait Islander <input type="checkbox"/> Not specified		
Cultural / support needs				
Contact person name		Relationship	Telephone	

Reason for referral

Presenting issue/s

Goals for PARC admission



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Accommodation type – tick all that apply

<input type="checkbox"/> Homeless <input type="checkbox"/> Boarding house / hostel <input type="checkbox"/> Couch surfing <input type="checkbox"/> Living with family / friends temporarily <input type="checkbox"/> Other	<input type="checkbox"/> Own home <input type="checkbox"/> Supported Residential Services (SRS) <input type="checkbox"/> Private rental <input type="checkbox"/> Public rental <input type="checkbox"/> Living with family / friends permanently <input type="checkbox"/> Residential low level care facility
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<input type="checkbox"/> Other, <i>specify</i>	
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Is participant's current accommodation stable?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Employment / education

Employment status	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Student
Source of income	<input type="checkbox"/> Disability Support Pension	<input type="checkbox"/> Newstart	<input type="checkbox"/> Other pension
	<input type="checkbox"/> Employment income	<input type="checkbox"/> Other, <i>specify</i>	

Highest level of education	
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Mobility in the community	<input type="checkbox"/> Own vehicle <input type="checkbox"/> Public transport / walking / friend or family <input type="checkbox"/> Taxi or Uber	<input type="checkbox"/> Other, <i>specify</i>
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Psychosocial assessment

Mental health diagnosis

Mental health history (include inpatient admissions / case manager / CATT / PARC involvement)

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Relevant medical history	
Allergies	
Current medications – list here or attach separate document	
Family / social history / formal / informal supports	
Legal / forensic status	
Alcohol and other drug use	

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Current mental state examination
<i>Consider appearance, behaviour, mood, affect, speech, thought form, thought content, perceptual disturbances, depressive/negative symptoms, cognitions, orientation, sleep, appetite, insight and judgement</i>

Risk assessments
<i>Consider suicidal ideation; suicide history; suicidal intent; risk of self-harm; risk to others, risk physical violence, sexual harm risk, physical health risk and substance use risk</i>

*Consumers who are at **acute** or **immediate** risk should be referred to an Emergency Department / Acute Mental Health service*

Referrer details	Date of referral	Provider No	
Name		Job title	
Address			
Telephone		Email	
Copies to			

 Return referral to: parc.referrals@alfred.org.au

EMR Admission / Admission Request