Health
South Eastern Sydney
Local Health District

Facility: Adahps

SUPPORTED ACCOMMODATION REFERRAL - MEDICAL (Yaralla)

FAMILY NAME	MRN
GIVEN NAME	☐ MALE ☐ FEMALE
D.O.B. _____ / _____ / _____	M.O.
ADDRESS	
LOCATION / WARD	

COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE

Name of Referrer:

HEALTH INFORMATION

Does the client suffer from pain or fatigue? ☐ Yes ☐ No *if Yes → Details:*

Other medical conditions:

Allergies:

Continent of Urine? ☐ Yes ☐ No | Continent of Faeces? ☐ Yes ☐ No

Are pads or other continence aids used? ☐ Yes ☐ No

Issues with constipation? ☐ Yes ☐ No | Issues with diarrhoea? ☐ Yes ☐ No

If bowel accidents occur, how often per day/week:

VISION AND HEARING

Does the client have a visual impairment? ☐ Yes ☐ No
if *Yes* → Are glasses or contact lenses worn? ☐ Yes ☐ No

Does the client have a hearing impairment? ☐ Yes ☐ No
if *Yes* → Is a hearing aid used? ☐ Yes ☐ No

Any other visual or hearing aids used? ☐ Yes ☐ No if *Yes* → Details

MOBILITY

Is the client able to physically walk up and down the stairs at Yaralla (there are about 20 stairs to upstairs bedrooms)? ☐ Yes ☐ No

Does the client have enough impulse control to wait for staff assistance if necessary? ☐ Yes ☐ No

Have there been falls in the last 6 months? ☐ Yes ☐ No
if *Yes* → Details: _____

ACTIVITIES OF DAILY LIVING

Is assistance required with:

Toileting? ☐ Yes ☐ No if *Yes* → Details:

Showering? ☐ Yes ☐ No if *Yes* → Details:

Feeding? ☐ Yes ☐ No if *Yes* → Details:

Domestic duties? ☐ Yes ☐ No if *Yes* → Details:

Does the patient have any:

Swallowing difficulties? ☐ Yes ☐ No if *Yes* → Details:

Special dietary needs? ☐ Yes ☐ No if *Yes* → Details:

EMPLOYMENT & LEISURE INTERESTS

When was the client last employed?

What type of work was it?

What other types of work has the client been involved with?

What leisure interests does the client have?

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SES010.203

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NSW GOVERNMENT Health
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SOCIAL, BEHAVIOURAL, AND CULTURAL ISSUES

The client displays behaviour that is:

☐ Impulsive ☐ Repetitive ☐ Aggressive
☐ Lacking in motivation ☐ Apathetic ☐ Defensive when assessed or reoriented

The client:
☐ Has poor concentration ☐ Lacks initiative
☐ Has poor decision making skills ☐ Gets distracted easily

Client's mood rating (scale of 1-5; 1 is depressed and 5 is elevated):

Is the client's mood variable? ☐ Yes ☐ No
if *Yes* → Details

Does the client have insight into their cognitive condition? ☐ Yes ☐ No

Does the client smoke cigarettes? ☐ Yes ☐ No
if *Yes* → Advise client they need to engage in a smoking cessation course and/or wear nicotine patches

Any **cultural issues** we should know about that impact on the client's daily life?

GUARDIAN

Name:

Address:

State:	Postcode:	Phone:

Email:

FINANCIAL MANGEMENT

Name:

Address:

State:	Postcode:	Phone:

Email:

For safety reasons, would the client be willing to store their banking card/s in a safe place and allow staff to give it to them when needed? ☐ Yes ☐ No

WEEKLY COST

Weekly cost of stay is around $300 (subject to change). Accommodation payments are made through the cashier at Concord Centre for Mental Health (CCMH). Comfort money can also be deposited to CCMH and will be kept in the safe at Yaralla and can be accessed by asking staff on outings.

NO WRITING

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SES010203

OTHER MEDICAL / HEALTH PROFESSIONALS

Name	Role	Organisation	Phone	Mobile

ATTATCHMENTS

Attach as many of these documents as applicable to this form – attachments assist the panel in making an informed decision about the client's priority need and suitability.

- ☐ Neuropsychological Assessment
- ☐ Full medication list (incl. dose and times)
- ☐ Hospital Discharge Summary
- ☐ Latest Pathology (HIV Results)
- ☐ Health Summary
- ☐ Nursing Care Plan
- ☐ Speech Pathology Report
- ☐ Physiotherapy Report
- ☐ Occupational Therapy Report

Holes Punched as per AS2828.1: 2019

BINDING MARGIN - NO WRITING

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