



FAMILY NAME		MRN
GIVEN NAME		<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
D.O.B. ____/____/____	M.O.	
ADDRESS		
LOCATION / WARD		
COMPLETE ALL DETAILS OR AFFIX PATIENT LABEL HERE		

**Facility: Adahps**

**SUPPORTED ACCOMMODATION  
REFERRAL  
(Yaralla)**

When complete email to: [SESLHD-Adahps-ClinicalInformation@health.nsw.gov.au](mailto:SESLHD-Adahps-ClinicalInformation@health.nsw.gov.au)

Is the client aware of the referral?  Yes  No  
If no → Why?

**CLIENT DETAILS**

Sex at birth:  Male  Female  Intersex  Unknown Gender:

Phone: Alias: County of birth:

Previous Street address:

State Postcode

Current housing situation:  
 No permanent accommodation  Tenancy/sharing (rental, owner)  
 Supported (Aged Care, AOD, HIV, etc)  Hospital  
 Other (Specify):

Preferred language Interpreter required?  Yes  No

Aboriginal and/or Torres Strait Islander origin?  Yes  No  Decline to respond  Unknown  
 If yes →  Aboriginal origin  Torres Strait Islander origin  Both

Medicare Number: Valid to:

Centrelink Benefit Type:

Person to Contact:

Relationship: Contact details:

**ELIGIBILITY CRITERIA**

NSW Resident  HIV Positive  
 HIV related brain impairment (e.g HAND, HAD, PML)  HIV related complex needs which prevent independent living

**HEALTH**

Client smokes?  Yes  No if Yes →  I have discussed with the client about needing to start NRT as a requirement of living at Yaralla

Date first diagnosed with HIV: Date of latest test:

Viral load: CD4 count:



SES010202

Holes Punched as per AS2828.1: 2019  
BINDING MARGIN - NO WRITING

S1142 101220



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MALE  FEMALE

D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_ M.O.

ADDRESS

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**HOUSING NEED** (select one or more)

Short term respite and stabilisation  Medium to long term

**OTHER**

Guardian name:

Financial Management and name:

Legal Order:

Probation/Parole:

HIV treating facility:

HIV treating physician:

GP:

Psychiatrist:

Psychologist:

Occupational Therapist:

Drug Support:

NGO Support:

Other:

**SUMMARY**

Brief summary of current situation and accommodation need of client

I have discussed with the client that it may take 6-8 weeks from date of vacancy / application to admission

**REFERRER DETAILS**

Name: Organisation::

Address:

State: Postcode: Phone:

Email:

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