

**BAYTREE LODGE LIMITED CONFIDENTIAL**

**RESIDENTIAL CARE REFERRAL FORM**

**Information Related to Resident**

**Part 1:**

Name of Resident	.....	Date of Birth	.....
Address	.....	Marital status	.....
	.....	Ethnicity	.....
	.....	Religion	.....
	.....	Gender	.....
Telephone	.....	CPA Level	.....
Fax	.....	Time at present address.....	
Diagnosis	.....	Main languages .....	
Medication	.....		

**please provide a list of current medication Yes  No  (please tick)**

Other languages	.....	Legal Status +	.....
Frequency of use	.....	Expiry Date	.....

**Information Related to Social Worker/Referrer**

**Part 2:**

Name of Referrer	.....	Telephone	.....
Address	.....	Fax	.....
	.....		
	.....		
	.....		

**Information Related to Current Psychiatrist/RMO**

**Part 3:**

Name of Referrer	.....	Telephone	.....
Address	.....	Fax	.....
	.....		
	.....		

**Information Related to General Practitioner**

**Part 4:**

Name of Referrer:	.....	Telephone:	.....
Address :	.....	Fax:	.....
	.....		
	.....		

**Part 5:**

Other Professionals Involved [if appropriate]

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**Information Related to Carer / Relative**

**Part 6:**

Name of Referrer:	.....	Telephone	:	.....
Address	:	Relationship	:	.....
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	.....			
	.....			

**INFORMATION RELATING TO RESIDENT**

**Part 7: Current Mental state:**

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**Part 8: Psychological Assessment [Personality, Cognition, Social, Behaviour, Sexual etc..]**

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**Part 9: Respond to Stress and Coping:**

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**Part 10: Residents Understanding of Diagnosis/ illness/ Treatment**

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**Part 11: Early Signs of Relapse**

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Part 12: RISK ASSESSMENT: Please give details of the last known incident's including factors which may increase or decrease risk:-

**A: Aggression [Physical & Verbal]:**

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**B: Self Injury:**

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**C: Damage to Property [arson/ Intentional / unintentional:**

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**D: Absconding:**

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**E: Substance Abuse [Alcohol/ Drug / Inhalants etc...]**

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**F: Sexual Behaviour:**

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**G: Forensic History/ Index Offences:**

