

Summary and Referral Information

To record and share a summary of the consumer's problems/issues and an initial action plan when making a referral.

Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

Presenting Issue(s) as Identified by Consumer:

Reason for Referral:

Description of issues as identified by the Initial Needs Identification (INI)

Current presentation/episode; presenting problem(s) – observed or described features; screening evidence:

Significant Histories/Recent and past history (medical, functional/daily living skills, social, emotional etc.):

Medications:

Other:

Summary and Referral Information

Alerts

Allergies:

Risks: (see code sets)

Code:

Additional comments including urgency:

Produced by the Victorian Department of Human Services, 2006

This information collected by:

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Name:

Position/Agency:

Sign:

Date: dd/mm/yyyy / /

Contact number:

