MULTICULTURAL SERVICES CENTRE

MAHAN Participant Referral Form

PARTICIPANT DETAILS			
Name:		Date of Birth:	
Address:			
Phone:			
Next of kin:			
Phone:		Relationship:	
Language:		Gender:	
Is an Interpreter required:	☐YES ☐NO		
Participant NDIS number			
NDIS plan dates:	Start: End:	NDIS Funding:	☐ Self-managed ☐ NDIA managed ☐ Plan managed
Who is the SA sent to?		Plan manger details:	
Funding to be taken from:	☐ Capacity Building	☐ Core	
Primary Diagnosis/Disability:			
Relevant other medical and social history:			
Participant living arrangement (alone, SIL, family)			
Reason for referral Presenting issue			

REFERRER/ SUPPORT COORDINATOR DETAILS			
Name:		Referral Date:	
Contact number:		Email:	
Organisation/ Address- if relevant			
Clinical Service required:	☐ Physiotherapy ☐ Occupational Therapy ☐ Social Work ☐ Counselling		

	☐ Nursing care ☐ Life Skill Session
For Nursing Care, please indicate the individual services required:	☐Comprehensive clinical assessment ☐Wound Management ☐ Regular wound care visits ☐Falls Risk Assessment ☐Cognitive Assessment ☐Comprehensive Continence Assessment including consumable costing (9 hours 01_612_0114_1_1 OR 15_418_0114_1_3 Delivery of Health Supports by a **Clinical Nurse** - Weekday Daytime Hour $130 MSC price) hours plus km charge of $1p/km) ☐Continence Assessment and Summary Report (7 Hours 01_612_0114_1_1 OR 15_418_0114_1_3 Delivery of Health Supports by a **Clinical Nurse** - Weekday Daytime Hour $130 MSC price) plus, km charge of $1p/km) ☐ Telehealth Comprehensive Continence Assessment via Phone, Teams, zoom (8hours @ 01_612_0114_1_1 OR 15_418_0114_1_3 Delivery of Health Supports by a **Clinical Nurse** - Weekday Daytime Hour $130 MSC price) ☐ Telehealth Continence Assessment and Summary Report via Phone, Teams, zoom (6 hours 01_612_0114_1_1 OR 15_418_0114_1_3 Delivery of Health Supports by a **Clinical Nurse** - Weekday Daytime Hour $130 MSC price) ☐ Clinical oversight by a Clinical Nurse, MDT, GP, Pharmacy liaison, regular consultation with client to ensue care strategies are working and implemented charges @ 01_612_0114_1_1 OR 15_418_0114_1_3 Delivery of Health Supports by a **Clinical Nurse** - Weekday Daytime Hour $130 MSC price ☐Catheter Care review/ catheter changes ☐ Bowel Care management ☐Peg feed review/peg changes ☐Diabetes Review and management plan ☐Medication Audit ☐ Support Worker Training in Clinical tasks, Medication, catheter care, bowel care, PEG feed administration and stoma care, Epilepsy and Midazolam training ☐Support Staff Competency checks by RN

	☐Other, please indicate……

HEALTH CARE DETAILS	
Doctor's name:	
Clinic name and Contact Details:	
Specialist name and details:	
Pharmacy Name and details:	

ADDITIONAL REPORTS/ INFORMATION TO HELP ASSIGN A SUITABLE THERAPIST (Sent as an ATTACHMENT)	
Health Summary	Yes ☐ No ☐
Specialist Reports	Yes ☐ No ☐
NDIS Plan 'About me' & 'my goals'	Yes ☐ No ☐

REPORT DETAILS	
Consent to request reports:	Yes ☐ No ☐
Request return report: Report to be sent to:	Yes ☐ No ☐

SAFETY/ ACCESS INFORMATION	
Is there adequate parking available?	☐ Yes ☐ No
Are there pets on the premise?	☐ N/A ☐ Yes ☐ No
Is there mobile phone coverage?	☐ Yes ☐ No
Does anyone smoke in the home?	☐ N/A ☐ Yes ☐ No
Are there any other safety of access issues we should be aware of? (eg: firearms/ history of illicit drug & alcohol dependence/ isolated area/mental health issues)	☐ No ☐ Yes – Please provide details:

Please return completed form to: mahan@mscwa.com.au

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OFFICE USE ONLY:		
☐ Follow up required	☐ Entered into NG	☐ Emailed Therapist/clinician
☐ Service agreement prepared	☐ Referral accepted	☐ Referral declined Reasons: