

INTAKE DATA

Intake Date: 14/11/27

Current problem/reasons for referral - family situation

Medical + psych problem

Highly anxious

GP sees a friend - who has moved out

Recently moved into a flat - lives in friends flat

Invalid pension

Referrer's assessment/diagnosis:

Has two very good friends he has lived with male friends (Mr Arthur Ashworth Spit Rd Spit Junction)

969 9267

Past history/previous treatment/other agencies involved:

GP seeing for 1 year - a couple of years

Has been on seroquel

San D. Ketter about 1 year ago RNSH

Refers to address alcohol problem.

Current treatment, including prescribed drugs:

Perhaps requires D-A referral.

154

Referring agent's expectations/plans:

Alcohol referral from friend

Willingness of person to participate:

Action to be taken:

Home Visit Needed?

Y

N

When?

Appointment time at centre (if appropriate):

Information taken by

Paul Ching Lo RN
(BLOCK LETTERS)

Additional information and Contact Phone Numbers:

Client Number	Centre Name	Case Mgr Name	Code No
Client Surname	Sex	Age	Date of Birth
Given Names	Alias	Date of Birth	First Reg
Address	PCCode		
Phone Number	(AH) 969 4423 (BH)		
Referral Agent	Ann Alsop. GP		Phone No. 908 2233
Contact	Relationship	Phone No.	
GP	Phone No.		

Country of Birth Aboriginal 00 Australia 01 Britain 10 Other, Specify _____	Language Spoken at Home English 01 Other, Specify _____	Interpreter Required No Yes Benefits No Yes, specify _____	Living Environment Living Alone 08 Living With Family 05 Living With Others 09 Boarding House 01 Hostel/Group Home 02 No Fixed Abode 10 Not Known 11 Other, Specify _____	Employ Status Full Time 01 Part Time 02 Sheltered 03 Unemployed 05 Pension/Benefit 06 Retired 07 Home Duties 08 Student 09
Usual/Previous Occupation _____				

Marital Status Single 02 Married 01 Defacto/Partner 05 Separated 03 Divorced 04 Widowed 06 Not Known 07	Referral Source Self 01 Health Centre 13 Hospital - General 06 Psychiatric Unit 05 Family/Friend 02 Medical Practitioner 04 Therapist/Non Medical 14 Police/Court 10 Dept/Education 03 Govt/Agency 12 Non/Govt/Agency 11 Other, Specify _____	First Review Date _____ Discharge/Transfer Date _____ Discharge/Transfer To Self Care 01 Internal Transfer 02 Specify _____ Other Service 03 Specify _____
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A maximum of 3 responses may be indicated for the following:

Stressors Present Interpersonal 01 Marital/Partner 06 Family 11 Death 02 Financial 03 Illness 04 Legal 05 Occupational 07 Sexual 08 Substance 09 Violence 10 Critical Incident 12 Not Known 99 Other, Specify _____	Provisional Diag Codes Schiz & Related Dis D001 Bipolar Affective D050 Major Depression D100 Depressive Neurosis D150 Anxiety Disorders D200 Somatiform D250 Psycho-sexual D300 Stress Reaction D350 Personality Dis D400 Drug & Alcohol D500 Organic Disorders D550 Early Childhood D600 No Psych Diagnosis D700 Relative of Mentally Ill Client D750 Other D650	Client Needs Counselling-Individ COI Counselling-Group COG Counselling-Family COF Counselling-Couple COM Medication MED Accommodation ACC Life Skills LIS Employment EMP Financial FIN Recreation REC Educational EDU Supervision SUV Legal LEG Other, Specify _____	Medication Groups None 00 Anti Psychosis - oral 04 - depot 05 Anti Depressant 06 Lithium 11 Anti Parkinson 07 Anti Anxiety 03 Hypnotics 02 Anti Convulsant 08 Other, Specify _____																																							
Risk Factors: <table border="1"> <thead> <tr> <th rowspan="2">History of risk to:</th> <th colspan="2">Self Others</th> <th colspan="2">Current assessment of risk to:</th> </tr> <tr> <th>Self</th> <th>Others</th> <th>Self</th> <th>Others</th> </tr> </thead> <tbody> <tr> <td>None</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Verbal Outburst</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>Verbal Threat</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>Violent/Objects</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>Violent/Personal</td> <td>4</td> <td>4</td> <td>4</td> <td>4</td> </tr> <tr> <td>Not Known</td> <td>9</td> <td>9</td> <td>9</td> <td>9</td> </tr> </tbody> </table>				History of risk to:	Self Others		Current assessment of risk to:		Self	Others	Self	Others	None	0	0	0	0	Verbal Outburst	1	1	1	1	Verbal Threat	2	2	2	2	Violent/Objects	3	3	3	3	Violent/Personal	4	4	4	4	Not Known	9	9	9	9
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