## HARP SFT Referral Information Guide

### Identify
- **Patient Name**
- **UR Number**
- **Address**
- **Contact Number**

### Admission details
- Please attach supporting documents (e.g. Discharge summary, f/u appointments, GP and Next of kin details)

### Number of previous admissions / presentations
- Is the client currently receiving any community services?  [ ] Yes  [ ] No  [ ] Unknown
  - If yes – please provide details:

- Have any other new referrals been made for this client (e.g. PAC or MAC)?  [ ] Yes  [ ] No
  - If yes – please provide details:

- **MAC Reference No: (if applicable)** _____________________

### Situation
- Does the client have a history of poor engagement with services?  [ ] Yes  [ ] No  [ ] Unknown
  - If yes, Please list known barriers to service engagement:

### Community Services History
- Is the client currently receiving any community services?  [ ] Yes  [ ] No  [ ] Unknown
  - If yes – please provide details:

- Have any other new referrals been made for this client (e.g. PAC or MAC)?  [ ] Yes  [ ] No
  - If yes – please provide details:

### GP Engagement
- Does the client have a regular GP for medical follow up?  [ ] Yes  [ ] No  [ ] Unknown
  - Last GP appointment (if known):
  - (Please confirm GP details)

### Housing
- Is the client homeless or at risk of homelessness?  [ ] Yes  [ ] No
  - (If yes – consider referral to Homeless Persons Program and/or housing services)

- Have any concerns regarding the client’s home environment been raised? (e.g. access issues, reports of hoarding or unsanitary conditions)  [ ] Yes  [ ] No
  - If yes, please give details:

### Mental Health
- Is there a documented history of mental illness?  [ ] Yes  [ ] No
  - If yes, please give details:

- Has the client been previously engaged with mental health services?  [ ] Yes  [ ] No  [ ] Unknown
  - If yes: Is the client currently engaged?  [ ] Yes  [ ] No
  - When was client last engaged?
  - Organisation?
  - (Please consider a referral to Mental Health Services as required)

### Alcohol and Drugs
- Does the client have current issues with alcohol or Drug abuse?  [ ] Yes  [ ] No  [ ] Unknown
  - If yes:
  - Is there evidence that this impacts on the client’s behaviour or function?  [ ] Yes  [ ] No  [ ] Unknown
    - If yes, please give details:

  - Is there evidence that this impacts on others around the client?  [ ] Yes  [ ] No  [ ] Unknown
    - If yes, please give details:

  - Has a referral to Drug and Alcohol Services been discussed with the client?  [ ] Yes  [ ] No
    - If yes, please give details, including client’s response:

  - Is there evidence of Alcohol or drug use by other people living with client?  [ ] Yes  [ ] No  [ ] Unknown
    - If yes, please give details:

  - (Please consider a referral to Drug and Alcohol Services or Addiction Medicine as required)
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## Cognition
- Does the client have impaired cognition?  □ Yes  □ No  □ Unknown  
  **If yes:**
  - Is there evidence that impaired cognition impacts the client’s safety and function?  □ Yes  □ No  
    **If yes, please give details:**
  - Has an MMSE/RUDAS been completed recently?  □ Yes  □ No  
    If yes, please attach relevant reports
  - Has the client’s capacity to make decisions been formally assessed?  □ Yes  □ No  □ Unknown  
    **If yes, please give details/attach relevant reports**
  - Is the client able to make decisions to accept/decline services?  □ Yes  □ No  □ Unknown  
  - Has the client appointed a substitute decision maker?  □ Yes  □ No  □ Unknown  
    **If yes, please give details:**
  - Has formal documentation (eg EPOA) been sighted?  □ Yes  □ No  
  
(Please consider a referral to CDAMS as required)

## Behaviour
- Is there evidence that the client has been physically or verbally aggressive in recent times?  □ Yes  □ No  
  **If yes,** please give details (including known triggers or causes behind the behaviour and management strategies employed by hospital staff)
  
- Are you aware of any other potential risks to staff or client safety if visiting this client in the community?  □ Yes  □ No  
  **If yes,** please give details:

## Informed Consent
- Has someone explained the HARP Service to the client (or representative)?  □ Yes  □ No
- Has the client consented to this referral  □ Yes  □ No

## Reason for referral
(Including what the client sees as their primary goal, what the desired outcomes of the referral are, any further information that will assist the team address this client's needs)

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<th>Date of Referral</th>
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<tbody>
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<td>Referrers Name</td>
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Revised March 2018