CDS
Centre for Disability Studies

Complex Care Service
Centre for Disability Studies
Ph: 0434 121 767
Email: ccs@cds.org.au

COMPLEX CARE SERVICE
REFERRAL FORM

Referrals to the Complex Care Service can be made by the person's general practitioner (GP), health professional, service provider or the person's family / primary carer.

If the referral is accepted, it is on the basis that the persons GP will retain ongoing medical care for the person, will implement recommendations and follow through with care.

Client Information			
First Name:		Last Name:	
Preferred Name:		Date of Birth:	
Gender: ☐ Male ☐ Female ☐ Non-binary ☐ Do not wish to disclose ☐ Other (please specify) ______________			
Address:			
Phone:			
Email:			
Does the person identify as: ☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander ☐ Neither			
Other Cultural Background:			
Is an interpreter required?	☐ Yes	☐ No	
If yes, please specify:			

Main Contact Person / Guardian / Person Responsible			
Name:	Relationship:		
Address:			
Phone:	Email:		
Will the contact person / guardian / person responsible provide consent for this referral (if appropriate)	☐ Yes	☐ No	☐ Unknown

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General Practitioner	
Name:	
Address:	
Phone:	Email:

Reason for Referral
(including current concern/s to be addressed & what input has been provided to date)

Medical Conditions

Past Medical History

Are there any concerns regarding the person's mental health or behaviours of concern?	☐ Yes	☐ No

If yes, please specify:

Is the person's intellectual disability?

☐ Mild	☐ Moderate	☐ Severe	☐ Profound	☐ Unknown

Has the person had a Comprehensive Health Assessment completed by their GP in the past 12mths?

☐ Yes	☐ No	☐ Unknown

Has the person accessed any intellectual disability health services in the past, including from their local Intellectual Disability Health Service?

☐ Yes	☐ No	☐ Unknown

If yes, please specify:

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Person Referring (if different to Main Contact Person)	
Name:	
Address:	
Phone:	Email:
Date of referral:	Signature

Once completed, please send a copy of this Referral Form to the Complex Care Service via email – ccs@cds.org.au