

LWWHC Referral and Intake Form

Entry ID:

LWWHC Team	Brisbane
Priority	
Client's Name	
Client's Date of Birth	
Client's Phone Number	
Contact Email Address	
Address	
Funding Source	
Email address for invoicing	
Service(s) Required	
Client's current health/disability issue(s) related to this referral	
Reason for Referral	
Referrer's Name	
Referrer's Email	
Referrer's Phone Number	
Client's Preferred Language	
Client's Representative (Optional)	
Client Preferred Contact Method	
NDIS Reference Number (if relevant)	
NDIS Plan Management (if relevant)	
Plan Manager's Name (if relevant)	
Plan Manager's Phone number (if relevant)	
Plan Manager's Email (if relevant)	
NDIS Plan Start Date (if relevant)	
NDIS Plan End Date (if relevant)	
Additional Comments	

Initial Risk Assessment Form	
Is a home visit expected to be conducted by LWWCAHC clinician?	
Location of door to enter	
Is the client or other occupants of the property known to be potentially aggressive, violent or disturbed?	
Is there evidence that the client or other occupants at the premises may be under the influence of alcohol or drugs?	
Will the client require a home visit at night or outside of normal working hours (Mon-Fri 8am-4pm)?	
Has the client's relevant medical history been communicated, including potential risk situations?	
Is there a risk of the client or others at the premises using a weapon?	
Does the client have any pets?	
If the client has pets, will they be securely locked away during the visit?	
Are additional persons expected to be present at the time of the visit?	
If there are additional persons expected to be present at the time of the visit, who are they?	Family: Friends: Other service provider: Other resident of the property: Not Sure:
Are the client / carers aware of the proposed visit?	
Have the client / carers consented to the proposed visit?	
Are the premises easily accessible from the street?	
Is the house visible from the street?	
Is the property remote?	
If the property is remote, please provide specific directions and / or locations so that our clinician may be located easily in an emergency situation.	

COVID19 questions

Has the client (or are there any additional people on the premises who have) returned from overseas in the last 14 days?

Has the client (or are there any additional people on the premises who have) had known contact with a confirmed case of Covid-19?

Has the client (or are there any additional people on the premises who have) experienced symptoms of fever or acute respiratory infection in the last 14 days?