Complex Needs Assessment Panel Integrated Services (CNAPIS)

REFERRAL FORM

NAME OF CLIENT:_____ **DOB:**____/_____/_____

ADDRESS:_____

_____ **PHONE:**_____

EMERGENCY CONTACT NAME:_____ **PHONE:**_____

REASON FOR REFERRAL:

*

BRIEF HISTORY OF PRESENTING ISSUE(S):

*

OTHER RELEVANT INFORMATION (expected goals, assessment of risk, medical issues etc**)**

WHO IS PART OF YOUR SUPPORT TEAM ?		
General Practitioner GP		**Phone**
Name		**Email**
Mental Health Worker		**Phone**
Name		**Email**
Psychologist		**Phone**
Name		**Email**
Psychiatrist		**Phone**
Name		**Email**
Other - specify		**Phone**
Name		**Email**
Other - specify		**Phone**
Name		**Email**

***Please attach relevant medical and allied health assessment information.**

REFERRAL AGENCY / SERVICE: _____

PHONE:_____ EMAIL: AGENCY CONTACT PERSON:_____

SIGNATURE: _____ DATE: ____/____/_____

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CONSENT FORM

In order to provide you with the best quality of care, we request clients written consent for personal confidential information to be released and/or gained from other persons, agencies or government services. It should be noted that representatives from most Gold Coast services collectively make up the CNAPIS panel and therefore consent must be gained to share the information of the referred client to be considered:

Release of Client Information to other services:

I, _____ DO or DO NOT hereby authorise the staff of LLW to release relevant information regarding myself to any of the CNAPIS representatives if this supports my treatment:

Withholding Client information to other services:

I, _____ do not want you to discuss ANY information regarding myself with the following people: _____

Authority to obtain information from other services

I, _____ hereby give permission for the staff of the LLW to obtain relevant information from government and non-government agencies , from doctors and other health professionals specifically relevant to my management and treatment while being a client of CNAPIS

CLIENT NAME (print):

CLIENT SIGNATURE: _____ **DATE:** ____/____/_____