



OP-F-5 Mix It Up – *Live life your way* Participant Referral Form

REFERRAL		
Referred by:	Contact details:	Date:
Agency:	How did you hear about Mix It Up - <i>Live life your way</i> ?:	
Referral request: Support Coordination Psychosocial Recovery Coaching Transport Carer Support Social/ Shopping Capacity Building Community Centre Community Activity/ Event Other (describe)		

PARTICIPANT INFORMATION			
Mr/ Mrs/ Ms/ Miss Surname:	Given name:		
Preferred name:	Date of Birth:	Gender:	
Address:			
Telephone:			
Email:			
Country of Birth:			
NDIS ID:	NDIS plan date:		
Language:	Translator required Y/N		
Funding: (please tick applicable):			
NDIA Managed	Self – Managed NDIS	Plan Managed	Private Services
Plan Manager's name (if applicable):			
Preferred Method for contact:			
Issue Date: April 2020		Last review date: 05.03.2025	
Revision Number: 05.03.2025_V9		Next review date: March 2026	

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Live life your way Pty Ltd.
Focused on social inclusion and community participation

MEDICATION	
What medications are being taken? (Please list)	
How is the medication administered?	
Will you be self-administering medication whilst receiving support?	
What are the potential side effects of the medication?	
What do workers need to be aware of?	
EMERGENCY CONTACT	
Name:	
Relationship:	
Address	
Phone:	
Clinic Name:	
GP Name:	
Phone:	
Medical Conditions:	

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PRIMARY CARER INFORMATION (If relevant)		
Mr/ Mrs/ Ms/ Miss		
Surname:	Given name:	
Preferred name:	Date of Birth:	Gender:
Address:		
Telephone:	Carer relationship:	
Email:		
Country of Birth:	Translator required: Y/N	

Additional Information: *(Please include any information that will assist in providing the participant with support)*

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RISK ASSESSMENT PRIOR TO HOME VISIT

(Find out as much information as possible about the following points from the referral source. If this is too intrusive (i.e. referral source id self) then tick unknown)

Risk Factors	Comment	Level of Risk
1. History of aggression / violence		Very Likely Likely Unlikely Highly Unlikely Unknown
2. Substance abuse		Very Likely Likely Unlikely Highly Unlikely Unknown
3. Psychiatric Illness		Very Likely Likely Unlikely Highly Unlikely Unknown
4. Threatening / argumentative behaviour		Very Likely Likely Unlikely Highly Unlikely Unknown
5. Animals		Very Likely Likely Unlikely Highly Unlikely Unknown
6. Accommodation Issues		Very Likely Likely Unlikely Highly Unlikely Unknown
7. Other		Very Likely Likely Unlikely Highly likely Unknown

Notes: *(Any known risks or concerns)*

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