

## REQUEST FOR APPOINTMENT

South Australian Intellectual Disability Health Service (SAIDHS)  
 Ingle Farm Recreation Centre  
 1/58 Beovich Rd  
 Ingle Farm 5098  
 South Australia  
 Ph: 8257 7300  
 Fax: 8257 7399  
 Email: [HealthSAIDHS@sa.gov.au](mailto:HealthSAIDHS@sa.gov.au)

SAIDHS provides comprehensive health assessment and planning for adults with moderate, severe, or profound intellectual disabilities and complex care needs to support ongoing care by mainstream health services. SAIDHS does not provide emergency/crisis services, ongoing medical or psychiatric management, IQ assessments, case management or assessment/medication advice for Autism or ADHD in the absence of other referral criteria. For consumers with mild intellectual disabilities, SAIDHS can advise on where to access appropriate health services and can provide clinical advice and support to clinicians working within mainstream health services if required.

## REFERRER INFORMATION

Date of referral	
Referrer name & provider number	
Relationship to patient	
Practice name	
Practice address	
Practice telephone & Fax	Ph: _____ Fax: _____
Email	
Consent for referral <i>(specify who has provided consent)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Details.....
Patient consent	<input type="checkbox"/> Self-consenting <input type="checkbox"/> Substitute Decision-Maker <input type="checkbox"/> SACAT Orders Name of consenting person..... Phone number of consenting person.....

## Eligibility Criteria

Eligibility criteria <i>Select one or more as appropriate</i>	<input type="checkbox"/> Intellectual disability <b><u>and</u></b> <input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Mental illness or suspected mental illness <input type="checkbox"/> Severe or profound communication and/or behavioural issues <input type="checkbox"/> Other complexities or issues which have not been able to be managed in mainstream services
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## REGULAR GP INFORMATION (if not referrer)

Doctor name	
Practice name	
Practice address	
Practice telephone	
Practice fax:	
Practice Email:	

## PATIENT DETAILS

Name	
Address	
Residence type	<input type="checkbox"/> Private dwelling <input type="checkbox"/> Supported accommodation Accommodation details (agency name, phone, email):  <input type="checkbox"/> Other
Patient Phone (if applicable)	
Date of birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Other.....
Aboriginal and/or Torres Strait Islander	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Prefer not to say
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No Details.....
Key Contact	Name Relationship to patient Phone Email

## REFERRAL DETAILS

<p>Reason for referral</p> <p><i>(please describe relevant details e.g.</i></p> <ul style="list-style-type: none"> <li>- <i>need for SAIDHS input</i></li> <li>- <i>any recent changes</i></li> <li>- <i>barriers to management in mainstream services</i></li> </ul>		
<p>Relevant clinical history and/or examinations</p>		
<p>Results of recent investigations</p> <p><i>(Attach copies of results)</i></p>		
<p>Current medications</p> <p><i>(please list or attach current medication summary)</i></p>		
<p>Allergies</p>		
<p>Current Supports</p> <p><i>(what does the person need assistance with)</i></p>	<p>Life domains</p>	<p>Level of assistance</p>
	<p>Mobility</p>	<p><input type="checkbox"/> Independent <input type="checkbox"/> Needs assistance</p>
	<p>Personal Care</p>	<p><input type="checkbox"/> Independent <input type="checkbox"/> Needs assistance</p>
	<p>Communication</p>	<p><input type="checkbox"/> Independent <input type="checkbox"/> Needs assistance</p>
	<p>Travel</p>	<p><input type="checkbox"/> Independent <input type="checkbox"/> Needs assistance</p>
	<p>Money Management</p>	<p><input type="checkbox"/> Independent <input type="checkbox"/> Needs assistance</p>
<p>Relevant health professionals and contact details</p>	<p>Other Medical Specialists involved:</p> <p>Support Coordinator:</p> <p>Behaviour Support Practitioner:</p> <p>Other Allied Health Professionals:</p>	