

RISK FACTOR REFERRAL CHECKLIST

Client name: _____

Referring agency: _____

Accommodation details: eg housing trust, private rental _____

Other agencies involved:

Mental Health Services

Metropolitan Domiciliary Care

Council

Other _____

HEALTH

Medical/physical

Cognitive eg dementia

Mental health

OCCUPATIONAL HEALTH AND WELFARE

Fire risk

Vermin

Animal issues

Risk of losing services due to OH&S

Restricted access within the home

Security risk

Building structure risk

Utilities cut off

HYGIENE ISSUES

Personal

Environmental eg hoarding, clutter

PSYCHOSOCIAL

Social isolation, no family/friends support

Falls risk

Other social issues eg no food, bills unpaid

Behaviours of concern eg aggression, inappropriate behaviour

ADDITIONAL INFORMATION

Issues around capacity of person to continue living safely and independently in the community

Letter of evidence from GP where available

Language/communication difficulties eg interpreter needed

Speak with clinician at Metropolitan Access Team (Metro Dom Care) if needed when making complex referrals

Client willing to receive assistance

COMMENTS
