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

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	
Practice name	
Practice address	
Practice telephone	
Practice fax	
Email	

REGULAR GP INFORMATION (if not referrer)

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

PATIENT DETAILS

Name	
Address	
Residence type	☐ Private dwelling ☐ Supported accommodation Accommodation details (agency name, phone, email): ☐ Other
Patient Phone (if applicable)	
Date of birth	
Gender	☐ Male ☐ Female ☐ Prefer not to say ☐ Other……
Aboriginal and/or Torres Strait Islander	☐ Yes ☐ No ☐ Unknown ☐ Prefer not to say
Interpreter required	☐ Yes ☐ No Details……..
Patient consent	☐ Self-consenting ☐ Legal Guardian ☐ OPA Name of consenting person…… Phone number of consenting person…….
Key Contact	Name Relationship to patient Phone Email

Eligibility Criteria

Eligibility criteria *Select one or more as appropriate*	☐ Intellectual disability ***and*** ☐ Autism spectrum disorder ☐ Mental illness or suspected mental illness ☐ Severe or profound communication and/or behavioural issues ☐ Other complexities or issues which have not been able to be managed in mainstream services

REFERRAL DETAILS

<table>
<tr><td>Reason for referral

(please describe relevant details e.g.

- need for SAIDHS input
- any recent changes
- barriers to management in mainstream services</td><td colspan="2"></td></tr>
<tr><td>Relevant clinical history and/or examinations</td><td colspan="2"></td></tr>
<tr><td>Results of recent investigations

(Attach copies of results)</td><td colspan="2"></td></tr>
<tr><td>Current medications

(please list or attach current medication summary)</td><td colspan="2"></td></tr>
<tr><td>Allergies</td><td colspan="2"></td></tr>
<tr><td rowspan="6">Current Supports

(what does the person need assistance with)</td><td>Life domains</td><td>Level of assistance</td></tr>
<tr><td>Mobility</td><td>☐ Independent
☐ Needs assistance</td></tr>
<tr><td>Personal Care</td><td>☐ Independent
☐ Needs assistance</td></tr>
<tr><td>Communication</td><td>☐ Independent
☐ Needs assistance</td></tr>
<tr><td>Travel</td><td>☐ Independent
☐ Needs assistance</td></tr>
<tr><td>Money Management</td><td>☐ Independent
☐ Needs assistance</td></tr>
<tr><td>Relevant health professionals and contact details</td><td colspan="2">Other Medical Specialists involved:

Support Coordinator:

Behaviour Support Practitioner:

Other Allied Health Professionals:</td></tr>
</table>