

## PART 1: Personal Information and Contact Details

**PARTICIPANT ID/NDIS:** \_\_\_\_\_

### Personal details

**First Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Preferred Name** \_\_\_\_\_ **Gender** \_\_\_\_\_ **Date of birth** / / \_\_\_\_\_

**Address** \_\_\_\_\_ **Email** \_\_\_\_\_

**Suburb** \_\_\_\_\_ **Post Code** \_\_\_\_\_

**Postal (if different)** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

### Emergency contact person

**First Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_

**Address** \_\_\_\_\_ **Email** \_\_\_\_\_

**Suburb** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

Emergency contact person has been informed of role  NO  YES

### Support check contact – mental health support (see Part 6)

**First Name** \_\_\_\_\_ **Surname** \_\_\_\_\_

**Relationship to you** \_\_\_\_\_ **Agency** \_\_\_\_\_

**Address** \_\_\_\_\_ **Email** \_\_\_\_\_

**Suburb** \_\_\_\_\_ **Postcode** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Mobile** \_\_\_\_\_

Support person has been informed of role  NO  YES

Participant Consent form has been signed for this person  NO  YES

**General practitioner contact details****Name** \_\_\_\_\_**Clinic** \_\_\_\_\_**Address** \_\_\_\_\_ **Email** \_\_\_\_\_**Suburb** \_\_\_\_\_ **Postcode** \_\_\_\_\_**Phone** \_\_\_\_\_ **Mobile** \_\_\_\_\_Consent form has been signed for this person  NO  YES**Psychiatric practitioner contact details****Name** \_\_\_\_\_  GP  Psychiatrist  Other**Clinic Name** \_\_\_\_\_**Address** \_\_\_\_\_ **Email** \_\_\_\_\_**Suburb** \_\_\_\_\_ **Postcode** \_\_\_\_\_**Phone** \_\_\_\_\_ **Mobile** \_\_\_\_\_Consent form has been signed for this person  NO  YES

## PART 2: PARTICIPANT MEDICAL FORM (to be completed by a Medical Practitioner)

First name \_\_\_\_\_ Surname \_\_\_\_\_ Date of birth \_\_\_\_\_

Out Doors is a community managed organisation delivering a range of adventure, recreation and respite programs to people with a mental illness. Participants are involved in activities such as bushwalking, bike riding, swimming, rock climbing, surfing and camping, depending on their needs and interests. It is a requirement that this form be completed by a GENERAL PRACTITIONER or PSYCHIATRIST with access to accurate, up to date medical information for the abovementioned participant. This medical form is to verify that the abovementioned person is suitable for one or more of Out Doors' programs. Please contact 9417 2111 for more information.

### RELEVANT MEDICAL DETAILS

	Severity/Regularity	Triggers/Aggravators	Management
<u>Mental Illness/Other Disabilities</u>			
<u>Other Conditions/ Illnesses/ Injuries</u>			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		<u>If SEVERE please attach Management Strategy.</u>
<input type="checkbox"/> Seizures	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
<u>Allergies/Dietary Requirements</u>	<input type="checkbox"/> Anaphylaxis		

### CURRENT MEDICATION

<u>Name of medication</u> (eg Risperidone)	<u>Dosage</u> 5mg	<u>Frequency/Timing</u> 3 per day, one after each meal	<u>Purpose</u> Anti-psychotic)

Assistance required with medication:  NO  YES

If yes, give details: \_\_\_\_\_

Form completed by: Name \_\_\_\_\_ Role \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## PART 3: General Health Information

### Health/Physical Behaviours

How much moderate intensity physical activity do you do in a typical week?

- Less than 30 minutes  
 30 minutes to 1 hour  
 1 to 2 hours  
 2 to 4 hours  
 More than 4 hours

For how long can you walk at one particular time without resting?

- Less than 10 minutes  
 10 minutes to 20 minutes  
 20 minutes to 1 hour  
 1 hour to 2 hours  
 More than 2 hours

During the past 4 weeks, what was the hardest physical activity you could do for at least 5 minutes?

- Very light (eg walk at slow pace, wash dishes)  
 Light (eg walk at medium pace, carry a light load on level ground (5kg))  
 Moderate (eg walk at medium pace, carry a heavy load on level ground (10kg))  
 Heavy (eg jog at slow pace, climb stairs or a hill at moderate pace)  
 Very Heavy (eg run at fast pace, carry heavy load upstairs or uphill (10kg))

#### Additional mobility information

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How would you rate your overall physical health from 1 to 10? Why?

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#### Swimming ability

- Can't swim  Less than 50 metres  50-100 metres  Over 100 metres

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#### Preferred Programs/Activities

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Alcohol and other Drugs (Please refer to Out Doors' Group Rules)

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## Health Conditions

**Do you have any of the medical conditions listed below?**

Asthma  Yes  No      Headaches/Migraines  Yes  No  
 Diabetes  Yes  No      Heart Condition  Yes  No  
 Seizures  Yes  No      Other  Yes  No  
 High/Low Blood Pressure  Yes  No

	Type/Triggers	Severity/Regularity	Management

**Do you have any current injuries?**

Pain  Yes  No      Hernia  Yes  No  
 Fracture Sprain Strain  Yes  No      Dislocation  Yes  No  
 Arthritis  Yes  No      Concussion  Yes  No

Operations  Yes  No

	Type/Triggers	Severity/Regularity	Management

**Do you have any allergies?**

Medications  Yes  No  
 Food  Yes  No  
 Bites/Stings  Yes  No

	Triggers	Severity/Regularity	Management

**Special dietary requirements**

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## PART 4: Support Needs

### Mental Illness

**Diagnosis** \_\_\_\_\_ **Date** \_\_\_\_\_

### Legal Information

Are you on a Community Treatment Order?  NO  YES

Any other legal orders/restrictions?  NO  YES

### Support

Do you have a care plan?  NO  YES

### Personal Goals

\_\_\_\_\_

\_\_\_\_\_

**How do you find group living? Do you have any issues with sleep/sharing/accommodation?**

\_\_\_\_\_

\_\_\_\_\_

**What environments/events/circumstances might be challenging for you when away from home?**

\_\_\_\_\_

\_\_\_\_\_

**If you are unwell, how can Out Doors staff best support you?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Medication

Self managed

Reminder

Staff hold/administer/supervise

Not on Medication

### Additional information

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART 5: Support Networks

### Carer Details

Do you have a carer?  NO  YES

#### Relationship to you

First Name  Surname

Address  Email

Suburb  Postcode

Phone: Home  Other  Mobile

#### Approximate age of carer

Consent form has been signed for this person  NO  YES

Does this person receive any services/support as a carer?  NO  YES

#### How does this person support you?

### Community and Formal Supports

First Name  Surname

(Agency)  (Role)

Address  Email

Suburb  Postcode

Phone: Home  Other  Mobile

Consent form has been signed for this person  NO  YES

First Name  Surname

(Agency)  (Role)

Address  Email

Suburb  Postcode

Phone: Home  Other  Mobile

Consent form has been signed for this person  NO  YES

### Other Supports

First Name  Surname

Address  Email

Suburb  Postcode

Phone: Home  Other  Mobile

Consent form has been signed for this person  NO  YES

First Name  Surname

Address  Email

Suburb  Postcode

Phone: Home  Other  Mobile

Consent form has been signed for this person  NO  YES

## PART 6: Participant Consent

### SUPPORT CHECK

At Out Doors we want you to feel confident that the group you will be part of is well prepared and well supported. Out Doors undertakes a support check with a *support person* for overnight (or longer) programs. This enables us to provide the safest and most well supported programs.

These are the types of questions that the Out Doors staff will ask your *support person*:

1. What changes have there been in the participant's life (physical health, mental health, medication, support etc)?
2. What situations might challenge the participant's physical, mental or emotional health in a group away from usual supports?
3. How does the participant manage their illness/condition when they are not well?
4. What support can we provide the participant with?
5. Is the person well enough to go on a program with us?

A *support person* can be anyone that you choose (excluding family or friends). Usually participants choose somebody that they see regularly and who is easy to contact. Other participants have chosen a support worker, case manager, GP, psychologist or psychiatrist.

#### MY NOMINATED SUPPORT PERSON

Name of support person: \_\_\_\_\_

Relationship to me: \_\_\_\_\_

Agency name (if relevant): \_\_\_\_\_

#### STATEMENT OF CONSENT

I give permission for an Out Doors staff member to contact my *support person* to undertake a support check and discuss information that is relevant to best support me on programs with Out Doors (valid for 1 year).

**MY NAME:** \_\_\_\_\_

**MY SIGNATURE:** \_\_\_\_\_ **DATE:** / /