

Update Personal Information and Contact Details

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 Participant Consent Form for more information)

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 / Psychiatric practitioner

Name _____ GP Psychiatrist Other

Clinic Name _____

Address _____ Email _____

Suburb _____ Postcode _____

Phone _____ Mobile _____

Consent form has been signed for this person NO YES

Carer Details

This may be family, friends, neighbours or associates who have some responsibility for your physical, emotional, social or developmental wellbeing.

Same as Emergency Contact , OR:

First Name _____ Surname _____

Relationship to you _____ Date of birth _____

Address _____ Email _____

Suburb _____ Postcode _____

Phone: Home _____ Other _____ Mobile _____

NDIS Coordinator / Contact and Payment Method

NDIS Number:

Coordinator Name _____

Organisation _____

Email _____

Phone _____ Mobile _____

NDIA Managed

Plan Management Provider _____

I _____ give consent for Out Doors to contact this person and discuss details relevant to my participation on Out Doors' programs NO YES

SIGN _____

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

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

Swimming ability

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

Preferred Programs/Activities

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

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

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:** _____