



PART 1: Updat	e Pers	onal In	forma	tion	anc	l Cor	ntact [Details	
Your Personal Detai	ls								
First Name			Surnam	ne					
Preferred Name			Gender	-		Date	of Birth		
Address									
Postal (if different)									
Email Address									
Phone Number			Mobile						
Do you have a carer?	Yes □ No □ Same as Emergency contact □								
Carer's* Personal De	etails								
Carer's Name						Date	of Birth		
Carer's Address									
Carer's Email									
Carer's Phone			Mobile						
emotional, social or develop Emergency Contact		ellbeing.							
First Name			Surn	ame					
Preferred Name			Gene	der					
Relationship to you									
Address									
Email Address									
Phone Number			Mob	ile					
Emergency contact pe	rson has	been info	rmed of r	ole	Yes		No 🗆		
General Practitioner	/ Psych	iatric pra	ctitione	•		ı			
Name				Posi	ition				
Clinic Name									
Address									
Email Address				_		I			
Phone Number				Mol					
Consent contact giver	for this	nerson		Yes		No□			



OUT DOORS INC.

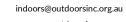






Cumpart Charle Cantact Mantal Health Cumpart						
Support Check Contact - Mental Health Support						
First Name		Surname				
Preferred Name		Gender				
Relationship to you						
Address						
Email Address						
Phone Number	Mobile					
Support person has been informed of role				Yes 🗆 No 🗆		
I give 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. (Refer to the Participant Handbook for the type of information Out Doors enquires about).			Yes 🗆	No 🗆	Date:	
NDIS Coordinator / Contact and Payment Method						
NDIS Number						
Coordinator Name						
Name of						
Organisation						
Address						
Email Address						
Phone Number		Mobile				









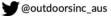
PART 2: Partici	pant Medical F	orm					
To be completed by a	General Practitioner, F	Psychiatrist, or	Psycholog	gist			
Client First Name							
Client Surname			D.O.B				
Out Doors is a mental health organisation delivering a range of adventure, recreation and respite programs to people with a mental 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 requirement that this form be completed by a relevant professional with access to accurate, up to date medical information for the abovementioned participant. This medical form is to used for risk management and in emergency situations. Please contact 9417 2111 for more information.							
Relevant Medical De	etails						
Condition	Severity/Regularity	Triggers/Aggr	avators	Management			
Mental Illness / Other Disabilities							
□ Asthma	☐ Mild☐ Moderate☐ Severe			If SEVERE please attach Management Strategy.			
☐ Seizures	☐ Mild ☐ Moderate ☐ Severe						
Allergies / Dietary Requirements	□ Anaphylaxis	Other:					
Current Medication							
Name of Medication (e.g., Risperidone)	Dosage (e.g., 5mg)	Frequency / (e.g., 3 per day, each meal)		Purpose (e.g., Anti-psychotic)			
Assistance required with medication? Yes No							
If yes, give details							
Form completed by			Role				
Signed			Date				







PART 3: General Health Information						
Health/Physical	Behaviours					
How much moderate intensity physical activity do you do in a typical week?						
> 30 minutes 🗆	> 1 hour □	1-2 ho	urs 🗆	2-4 hours □		< 4 hours □
Comments:						
For how long can	you walk at one pa	articular	time witho	out resting?		
> 10 min □	10-20 min □	20 min	to 1 hr □	1 hr to 2 hr]	< 2 hr □
Comments:						
During the past 4 min?	weeks, what was t	:he hard	est physica	ıl activity you	could	d do for at least 5
□ Very light (e.g., walk at slow pace, wash dishes)	☐ Light (e.g., walk at medium pace, carry a light load on level ground (5kg))	e, carry medium pace, carry on level a heavy load on		☐ Heavy (e.g., jog at slow pace, climb stairs or a hill at moderate pace)		□ Very Heavy (e.g., run at fast pace, carry heavy load upstairs or uphill (10kg))
Comments:						
Swimming ability						
Can't swim □	> 50 m □	> 50 m 🗆 50-100 m			< 10	00 m □
Preferred programs / activities:						
Alcohol and other drugs:						
Additional comments:						





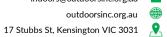












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PART 4: Additional Support Need	ds				
Mental Illness Diagnosis:					
Are you on a Community Treatment Order?	Yes □	No 🗆			
Any other legal orders/restrictions?	Yes □	No 🗆			
Do you have a care plan?	Yes □	No 🗆			
Personal Goals					
1.					
2.					
3.					
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?					
Is there anything else we should be aware of?					