

PART 1: Update Personal Information and Contact Details

Your Personal Details

First Name		Surname	
Preferred Name		Gender	Date of Birth
Address			
Postal (if different)			
Email Address			
Phone Number		Mobile	
Do you have a carer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Same as Emergency contact <input type="checkbox"/>

Carer's* Personal Details

Carer's Name		Date of Birth	
Carer's Address			
Carer's Email			
Carer's Phone		Mobile	

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

Emergency Contact Person

First Name		Surname	
Preferred Name		Gender	
Relationship to you			
Address			
Email Address			
Phone Number		Mobile	
Emergency contact person has been informed of role	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

General Practitioner / Psychiatric practitioner

Name		Position	
Clinic Name			
Address			
Email Address			
Phone Number		Mobile	
Consent contact given for this person	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/> Date:

NDIS Coordinator / Contact and Payment Method			
NDIS Number			
Coordinator Name			
Name of Organisation			
Address			
Email Address			
Phone Number		Mobile	

PART 2: Participant Medical Form

To be completed by a General Practitioner, Psychiatrist, or Psychologist

Client First Name			
Client Surname		D.O.B	
<p>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 a 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 be used for risk management and in emergency situations. Please contact 9417 2111 for more information.</p>			
Relevant Medical Details			
Condition	Severity/Regularity	Triggers/Aggravators	Management
Mental Illness / Other Disabilities			
<input type="checkbox"/> Asthma	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		If SEVERE please attach Management Strategy.
<input type="checkbox"/> Seizures	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe		
Allergies / Dietary Requirements	<input type="checkbox"/> Anaphylaxis	Other:	
Current Medication			
Name of Medication (e.g., Risperidone)	Dosage (e.g., 5mg)	Frequency / Timing (e.g., 3 per day, one after each meal)	Purpose (e.g., Anti-psychotic)
Assistance required with medication?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 hours 2-4 hours < 4 hours

Comments:

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

> 10 min 10-20 min 20 min to 1 hr 1 hr to 2 hr < 2 hr

Comments:

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

<input type="checkbox"/> Very light (e.g., walk at slow pace, wash dishes)	<input type="checkbox"/> Light (e.g., walk at medium pace, carry a light load on level ground (5kg))	<input type="checkbox"/> Moderate (e.g., walk at medium pace, carry a heavy load on level ground (10kg))	<input type="checkbox"/> Heavy (e.g., jog at slow pace, climb stairs or a hill at moderate pace)	<input type="checkbox"/> Very Heavy (e.g., run at fast pace, carry heavy load upstairs or uphill (10kg))
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Comments:

Swimming ability

Can't swim > 50 m 50-100 m < 100 m

Preferred programs / activities:

Alcohol and other drugs:

Additional comments:

PART 4: Additional Support Needs

Mental Illness Diagnosis:		
Are you on a Community Treatment Order?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any other legal orders/restrictions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you have a care plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?		