

# 5.1.11 Request for Information — People with a Mental Illness

*If the client has a mental illness, some information about their condition is required before deciding whether the service is able to provide accommodation.*

**Client Surname:**.....

**Given Name:**.....

**Address:**.....

..... **Postcode:**.....

**Telephone:** .....

**Accompanying Children:**

<u>Surname</u>	<u>Given Name</u>	<u>Age</u>	<u>Gender</u>

**Source of referral:**

**Name:**.....

**Agency:**.....

**Phone:** .....

**Service/s requested:** .....

.....

.....

**Presentation of psychiatric distress:**.....

.....

.....

**Current medication:**.....

.....

**Current drug/alcohol use:**             Yes             No  
If yes, what type:

**Name of General Practitioner:**.....

Address:.....

Telephone:.....

**Any special needs:** .....

**Home management/parenting skills:**.....

.....

.....

*This form is from the Case Management Resource Kit for SAAP Services*