

REFERRAL AND ASSESSMENT CHECKLISTS

5.1. EXAMPLE CHECKLIST: REFERRAL INFORMATION

This checklist can be used when referring clients to other health services in order to identify any potential occupational violence risks. It covers the minimum information which should be gathered at referral, particularly for short visits or one-off visits (i.e. by a GP, maternal and child health nurse or pathology service collecting blood samples from client at their home) where it may not be reasonably practicable to conduct a more in-depth assessment.

Note: this is an example only - it identifies the issues that may be addressed and incorporated into the agency's own documentation. This information may be incorporated into referral forms or gathered verbally at the point of referral.

Name:		
Address:		Suburb:
Client's phone numbers:	(h)	(w) (m)
Nominated contact person's phone details:	(h)	(w) (m)
	Yes	No
Is the client or others known to be potentially aggressive, violent or disturbed?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a risk of the client or others at the premises using a weapon?	<input type="checkbox"/>	<input type="checkbox"/>
Is there evidence that client or others at the premises may be under the influence of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
Is the service to be provided at night or outside of normal working hours?	<input type="checkbox"/>	<input type="checkbox"/>
If answer was 'yes' to any of the above questions, visits should not be conducted until the risk is assessed further and appropriate controls implemented.		
Has relevant medical history been communicated including potential risk situations?	<input type="checkbox"/>	<input type="checkbox"/>
Does the client have any animals?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are they securely locked away?	<input type="checkbox"/>	<input type="checkbox"/>
Is the client/carers aware of the proposed visit?	<input type="checkbox"/>	<input type="checkbox"/>
Have they consented to the proposed visit?	<input type="checkbox"/>	<input type="checkbox"/>
Are the premises easily accessible from the street?	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation type:	House <input type="checkbox"/>	Flat/unit <input type="checkbox"/> Aged care facility <input type="checkbox"/>
	Supported accommodation residential services <input type="checkbox"/>	
	High rise complex <input type="checkbox"/>	Floor: _____
	Lift access <input type="checkbox"/>	Stair access <input type="checkbox"/>

