CLINICIAN REFERRAL FORM

Phone: 07 5441 1049 | Fax: 07 5441 1168 | reception@reedhouse.com.au
Office hours: Monday to Friday, from 8am to 4pm

Before completing this form please contact us by phone to **confirm we have a vacancy.** If a room is available please fill out the form in full including a **signature by the Manager from the referral party** responsible for the program. The form should be submitted **via email** to Reed House.

You are required to **read and accept the conditions** set out in this referral form before you complete it. By signing this form, it is assumed you have understood and accepted the contents of this form.

Requests received during business hours (Monday to Friday from 8.00am to 4.00pm) will be processed on the same day. For any urgent accommodation needs outside business hours please call Reed House and the on-site caretaker will be able to assist.

Guest Details			
Family Name		Given Name	
Gender	Female Male	Date of Birth (Age)	
Referring Hospital		Reservation made by	
Contact Number		Contact Email	
Dates required for accommodation			
Arrival Date		Departure Date	

Full Name (of each guest in room)	Please tick where appropriate			Age	Payment Type PTSS Cash/Coast code
	Patient	Escort	Child		

Important Notes / Special Requirements

wishlist
SUNSHINE COAST HEALTH FOUNDATION

Reed House 31 Hospital Road, Nambour QLD 4560
P 07 5441 1049 | **E** reception@reedhouse.com.au | **wishlist.org.au**

Immediate Safety Concerns (please tick)		
Do you have any safety concerns for the client?	☐ YES	☐ NO
Is the client suitable to accommodate under shared arrangement?	☐ YES	☐ NO
Does the client have alcohol or drug issues?	☐ YES	☐ NO
Please provide details (if applicable)		

Health and other concerns?	Comments (if applicable)
Physical / Mental	
Threats of violence or harassment	
Domestic or family violence	
Suicidal thoughts / Self-harm	
Special Requirements	

By sending this form, the referring organisation and the client agree that:

1. Payment is made on arrival at the facility
2. Clients must be willing to share a communal area & bathroom under shared accommodation arrangement, when no self-contained accommodation is available.
3. Wishlist is not liable for any loss or damages to guest's belongings. Guests should be responsible to safeguard their personal belongings.
4. Guests should take all of their belongings with them at the time of vacating the property.
5. Guests and/or the referring organisation (as applicable) must pay rent for the accommodation every two weeks (in advance) until the date the property keys are returned to Reception.
6. Guests are liable to pay for any damage to property or household items caused by them during their stay at the accommodation. This includes $1,000.00 for triggering a fire alarm, causing QFES to attend unnecessarily. FIRE ALARMS ARE EXTREMELY SENSITIVE: The burning of food (toast), smoking and steamy showers have resulted in QFES being called to Reed House and a $1000 fine is incurred each time.
7. **SMOKING IS NOT PERMITTED IN THE FACILITY**
8. The referring party has to notify Reed House staff as soon as they cease accommodation support to their client. Any rental arrears incurred as a result of the failure to notify has to be paid by the referring party. This also includes any property damages that have been caused by the client during their stay at Reed House.
9. Guests are not allowed to bring/store bulky items i.e. furniture, whitegoods etc.
10. Should there be any issues or disputes arise due to non-compliance behaviour of the occupants, the referring organisation will take all reasonable steps and actions to settle the matter.
11. All guests must be receiving outpatient treatment, or be an escort/family member or friend of a patient undergoing treatment.
12. Guest/s must be able to self-care and must comply with the rules of the Reed House at all times.
13. Children staying must be accompanied by a responsible adult
14. Please note that the Reed House is not an emergency shelter or a short-stay remedy for homelessness.

Authentication by Person Making Reservation			
Signature			
Position		Date	