

Client record

Client name:

Organisation name:

Date:

Time:

Name of Diversion

Centre staff member:

Questions to ask – tick the relevant boxes and print all information clearly.

Client details

Gender:

Male

Female

Transgender (If yes, ensure appropriate arrangements have been made for client safety)

Cultural identity:

Aboriginal and Torres Strait Islander

Other \_\_\_\_\_

Date of birth:

Unknown

Address:

Does the client have any belongings on them (including medication)?

No

Yes. If yes, please ensure all items are stored securely.

Does the client have any known medical conditions?

No

Yes. If yes, it is highly recommended that staff complete the *Client needs and risk identification form*

Has the client been involved in any altercations immediately prior to their arrival at the Diversion Centre?

No

Yes. If yes, provide details.

**Client record**

Bed no.

**Client observation record**

Observations should be made **at least every 15 minutes for a minimum of 4 hours. After this period of time, the client should be observed every 30 minutes** until the support period ends.

If the patient is awake and intoxicated, observe the breathing, level of consciousness and intoxication.

If the patient is asleep, observe the breathing and level of responsiveness.

Hour	Time	Asleep (Tick)	Awake (Tick)	Staff's initials	Observations/comments
<b>Hour 1</b> check every 15 mins					
<b>Hour 2</b> check every 15 mins					
<b>Hour 3</b> check every 15 mins					
<b>Hour 4</b> check every 15 mins					

Hour	Time	Asleep (Tick)	Awake (Tick)	Staff's initials	Observations/comments
<b>Hour 5</b> check every 30 mins					
<b>Hour 6</b> check every 30 mins					
<b>Hour 7</b> check every 30 mins					
<b>Hour 8</b> check every 30 mins					
<b>Hour 9</b> check every 30 mins					
<b>Hour 10</b> check every 30 mins					
<b>Hour 11</b> check every 30 mins					
<b>Hour 12</b> check every 30 mins					

**Client record**

**Client exit details**

Date and time the client departed the Diversion Centre:

/	/		am	pm
---	---	--	----	----

Was the client provided with a meal prior to exiting the premises?

No  Yes

Did the client participate in any activities while at the Diversion Centre?

No  Yes. If yes, what were the activities?

Has a referral been made on behalf of the client

No  Yes. If yes, please ensure a *Client referral and consent form* has been completed.

How did the client leave?

- Picked up by family/friend
- Picked up by Queensland Police Service
- Walked away unassisted without transport
- Transported by ambulance
- Other (please provide details):

Belongings and medications returned:

Staff name:

Staff signature: