

Active8 - Referral Form

Referral Process

1. Referrer (self or service):

- a. Must complete this Referral Form with the consumer present.
- b. Forward completed Referral Form to active8@neaminational.org.au
- c. A member of the Active8 team will contact the referred person to notify of receipt of Referral Form.

2. Active8 team member:

- a. Will meet with the consumer and referral person (if required) as soon as possible to review referral.
- b. Will explain how the program works and the rights and responsibilities of each party.
- c. Confirm eligibility for the program with the consumer.

Consumer Details

Name	Given:		Surname:	
Address	Street address:			
	Suburb:		Postcode:	
Contact phone/s	Home:	Mobile:	Work:	
Email				
Preferred method of contact (please tick)	<input type="checkbox"/> Home Phone	<input type="checkbox"/> Mobile	<input type="checkbox"/> Work Phone	<input type="checkbox"/> Email
Date of Birth	____/____/____			
Gender (please tick)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other			
Do you live alone?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Health Care Card	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other _____			
Do you identify as Aboriginal or Torres Strait Islander?	<input type="checkbox"/> Aboriginal but not Torres Strait Islander origin <input type="checkbox"/> Both (Aboriginal and Torres Strait Islander) <input type="checkbox"/> Indigenous, not further specified <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander <input type="checkbox"/> Torres Strait Islander but not Aboriginal origin <input type="checkbox"/> Unknown			
Country of Birth				
What is the main language you speak at home?	<input type="checkbox"/> English <input type="checkbox"/> Other _____			

Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What was the highest level of education you attended?	<input type="checkbox"/> Primary school or less <input type="checkbox"/> High school (completed) <input type="checkbox"/> High school (not completed) <input type="checkbox"/> TAFE / Trade (completed) <input type="checkbox"/> University- Undergraduate (completed) <input type="checkbox"/> University- Postgraduate (completed)
Do you have a previous/existing physical illness? (check all that apply)	<input type="checkbox"/> Arthritis <input type="checkbox"/> Back Pain <input type="checkbox"/> Cancer <input type="checkbox"/> Heart Problems <input type="checkbox"/> Diabetes <input type="checkbox"/> Stroke <input type="checkbox"/> Asthma or lung condition <input type="checkbox"/> None <input type="checkbox"/> Other _____
Do you have an existing mental illness/diagnosis? (check all that apply)	<input type="checkbox"/> Depression <input type="checkbox"/> Anxiety <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Personality Disorder <input type="checkbox"/> PTSD <input type="checkbox"/> None <input type="checkbox"/> Other _____
Have you attended a hospital emergency department in the past 12 months for an illness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What Active8 program/s would you like to participate in?	<input type="checkbox"/> Coaching for Physical Health <input type="checkbox"/> Kick the Habit <input type="checkbox"/> Eat Plant Learn NSW Health Modules: <input type="checkbox"/> Skin Smart <input type="checkbox"/> Oral Health <input type="checkbox"/> Tobacco Awareness <input type="checkbox"/> Healthy Eating
The Active8 Programs support physical health and wellbeing for people living with mental ill-health.	
Do you have an identified Physical Health Goal?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your Physical Health Goal?	Coaching for Physical Health _____ Eat Plant Learn _____ Kick the Habit _____ NSW Health Modules _____

What are your strengths? (listening, cooking, planning)	
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Are you currently working with a community mental health service? (Neami or Other)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of Mental Health Service	Service Name: Case/key worker name: Phone: _____ Email: _____
Do you have a regular GP?	<input type="checkbox"/> Yes <input type="checkbox"/> No Name: _____
In case of emergency – contact details	
Name	
Relationship	
Contact phone/s	
Email	

Referrer Information		
Name		
Organisation		
Contact Phone/s	Mobile: _____	Work: _____
Email		

Referrer's signature: _____ Date: _____

Participant's signature: _____ Date: _____

Health Literacy Pre-Questionnaire

The following questions will help us work with you to understand how you find, understand and use health information and how you manage your health and interact with doctors and other health care providers.

In these questions the term healthcare provider means doctors, nurses, physiotherapists, dieticians and any other health worker you seek advice or treatment from.

How strongly do you disagree or agree with the following statements?

	Strongly disagree	Disagree	Agree	Strongly agree
I spend quite a lot of time actively managing my health				
I make plans for what I need to do to be healthy				
Despite other things in my life, I make time to be healthy				
I set my own goals about health and fitness				
There are things that I do regularly to make myself more healthy				
I have at least one healthcare provider who knows me well				
I have at least one healthcare provider I can discuss my health problems with				
I have the healthcare providers I need to help me work out what I need to do				
I can rely on at least one healthcare provider				

How easy or difficult are the following tasks for you to do?

	Cannot do or always difficult	Usually difficult	Sometimes difficult	Usually easy	Always easy
Make sure that healthcare providers understand your problems properly					
Feel able to discuss your health concerns with a healthcare provider					
Have good discussions about your health with doctors					
Discuss things with healthcare providers until you understand all you need to					
Find the right health care					
Get to see the healthcare providers you need to					
Decide which healthcare provider you need to see					
Make sure you find the right place to get the health care you need					
Find out what healthcare services you are entitled to					
Work out what is the best care for you					

Do you give permission for this information to be added into Neami National’s database to be used for Active8 evaluation?

Yes No

Participant’s signature: _____ Date: _____

- ☛ Please email a scanned copy of this referral form to: active8@neaminational.org.au
- ☛ Please note partially completed referral forms will not be accepted.