



Connect to Wellbeing Assessment and Referral Form

This service provides streamlined access to a range of **mental health services** across the Northern Territory. Upon review of the referral, the Connect to Wellbeing team will determine the right level and type of intervention in collaboration with the consumer including low intensity/early intervention strategies. The Initial Assessment and Referral Decision Support Tool (IAR-DST) is used to help explore and inform an individual's treatment needs.

Personal DETAILS								
Full Name:				Refe	rral Date:			
DOB:			Gender:			□ Abo	riginal	☐ Torres Strait Islander
Country of birth			Main Languag Home:	je Spo	ken at			
Phone:			Email:					
Address:								
Suburb:				Postcode*:				
Emergency Contac	t			1				
Name:				Phor				
Relationship to Clie	nt:							
Does the individua	l have (any of the	following					
☐ Health Care			articipation	articipation \square DV		rd	□ None/ur	nknown
Card								
If individual is expe	riencin	a financia	Lhardship pleas	se prov	vide detail:			
If individual is experiencing financial hardship, please provide detail: (For example, has recently lost employment or is experiencing domestic violence and is unable to access bank accounts).								
Other services the individual is currently connected to:								
Reason For Referra	l:							
☐ Suicide Prevention (For individuals who attempt, expressed Note: the individual appointment within	o are ex strong 1/consu	periencin suicidal i mer will b	deation or are co	onside	red at risk i	n the af	termath of s	suicide)









REFERRER DETAILS							
Referrer name:	Referral Date:						
Organisation:							
Address:							
Phone:	Fax:						
Email:							
Consent to Collect and Share Information Referrers must confirm that they have read out the following/it has been read by the individual and that the individual understands and has given informed consent in accordance with the Privacy Act 1988. I give consent for Connect to Wellbeing to collect personal information about me, including sensitive health information, and sharing my personal information with the funder of this service, Northern Territory PHN. The funder uses this information for program management, quality improvement and monitoring service delivery. I also give consent for Connect to Wellbeing to seek and share information concerning matters related to this application, with my referrer, relevant Local Health District services, the emergency contact outlined in this form, and other service providers relevant to this referral, including my chosen service provider.							
	cannot proceed if this consent is not provided) on about Neami's Privacy Policy and Guidelines, I understand it is available on Neami's Lorg.au).						
Individual's Signature (or Guardian/Parent if a child Or verbal consent Tick if applicable	Date						
Referrer signature	Date						
The referrer agrees that a	all information submitted in this referral is an accurate reflection of the s, is correct with no information withheld and is necessary for Connect to						





Wellbeing to fulfill its duty of care to consumers, staff and other partner agencies.





Appendix A – if no Mental Health Treatment Plan (MHTP) is available

If no MHTP is available, Appendix A may be used for individuals who meet one of the following:

Suicide prevention

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- Aboriginal and/or Torres Strait Islander
- Reside in a regional or remote location

Please note a MHTP is still required within four weeks of referral to Short Term Therapies. Health services, Allied Health professionals and community services can complete Appendix A

utcome measures (please only	fill out one):		
SDQ score	K10 score	K5 score	
Mental health diagnosis: (Diagnosis and symptoms if known. Or risk of developing mental illness if under 12 years old)			
Medication:			
Substance use:			
Relevant history: (Other relevant history/ factors such as climatic events, disabilities, medical conditions or difficulties with activities of daily living)			
Risk: (Describe if risk to self or others.)			
Care team: (Health professionals involved in person's care i.e. GP, psychiatrist.)			



