


Connect to Wellbeing provides an intake, triage and assessment service that facilitates access to the service(s) that best support the mental health needs of the individual.


 Use this referral form to recommend a level of service for people in the Northern Territory Primary Health Network catchment area.

 **If the person has acute mental health needs and is at risk, refer to the Mental Health Access Team (MHAT) 1800 682 288**

The Connect to Wellbeing triage and intake team will review the referral your recommendation and determine the right level of intervention, according to the wants and needs of the client.

<b>Date of referral</b>	
<b>Services required for</b>	<input type="radio"/> child (0-12) <input type="radio"/> youth (12-25) <input type="radio"/> adult (18+)

**Please select your recommended service option for the person**

<input type="checkbox"/> <b>Low-Intensity Strategies</b>
Psychological interventions for people with, or at risk of, mild mental illness. (As available can be individual, group, face to face, telephone, web-based supports).
<input type="checkbox"/> <b>Short Term Psychological Therapies</b>
For low income / financially disadvantaged people with a non-acute moderate mental health condition who would benefit from short-term goal focused psychological strategies.
<b>Sessions Required (select only one of the below)</b>
<input type="radio"/> <b>Sessions 1–6</b> (initial sessions)
<input type="radio"/> <b>Sessions 7–10</b> (following review post the initial 6 sessions, further sessions are recommended)
<input type="radio"/> <b>Sessions 7 – 12</b> if Aboriginal or Torres Strait Islander clients.
<b>Group sessions (Can be selected in addition to above)</b>
<input type="radio"/> <b>Group sessions</b> (Groups will be advertised as available)
<b>Confirm eligibility requirements (all required)</b>
<input type="checkbox"/> Mental Health Treatment Plan (MHTP) is attached, OR Appendix A is completed.
<input type="checkbox"/> The person is experiencing financial hardship (i.e. Client is unable to afford Psychological services under Medicare)
<input type="checkbox"/> <b>Suicide Prevention Services – Low to Moderate Suicide Risk</b>
 <b>NOT intended to support people who are at acute and immediate risk.</b>
The person will be contacted <b>within 24hrs</b> (business days) of the date of referral and offered an appointment within <b>72hrs</b> .
<input type="radio"/> <b>The person requires intensive support / psychological therapy</b>

## Consumer Details

<b>Full name</b>			
<b>Preferred name</b>		<b>Date of Birth</b>	
<b>Gender</b>	<input type="radio"/> Male	<input type="radio"/> Female	Other
<b>Street address</b>			<input type="checkbox"/> No fixed address
<b>Suburb</b>		<b>Postcode</b>	
<b>Phone</b>		<b>Mobile</b>	
<b>Email</b>			
<b>Preferred contact</b>	<input type="radio"/> Phone	<input type="radio"/> Email	<input type="radio"/> SMS
	<input type="checkbox"/> OK to leave voicemail	<input type="checkbox"/> Ok to leave email	<input type="checkbox"/> Ok to leave SMS
<b>Country of Birth</b>	<input type="radio"/> Australia	Other	
<b>Proficiency in spoken English</b>	<input type="radio"/> Very Well	<input type="radio"/> Well	<input type="radio"/> Not Well
	<input type="radio"/> Not at all	<input type="radio"/> NA	
<b>Interpreter required</b>	<input type="checkbox"/> Yes	language	
<b>Employment status</b>	<input type="radio"/> Working Full Time	<input type="radio"/> Working Part-time	
	<input type="radio"/> Unemployed	<input type="radio"/> Not in workforce	
<b>Income status</b>	<input type="radio"/> Paid Employment	<input type="radio"/> Disability Pension	<input type="radio"/> Pension / Benefit
	<input type="radio"/> Nil income	<input type="radio"/> Other	
<b>Dept Veterans Affairs (DVA) Card</b>	<input type="checkbox"/> Yes	Expiry date	
<b>Marital Status</b>	<input type="radio"/> Married	<input type="radio"/> Never Married	<input type="radio"/> Widowed
	<input type="radio"/> Divorced	<input type="radio"/> Separated	


## Emergency Contact

A person to contact in an emergency or if the referred person is unavailable. If the consumer is a child, provide the details of the responsible parent or guardian.

<b>Primary contact</b>		
<b>Role/relationship</b>		<b>Phone</b>
<b>Email</b>		
<b>Agency</b>		

## Consent to share information

### Consumer consent or Guardian/Parent if a child

 The Privacy Act requires the person referred to sign this form giving their consent to release their information and details.


- I give consent for Connect to Wellbeing to seek and share information concerning matters related to this application with relevant Local Health District services, the emergency contact outlined in this form, and other service providers relevant to this referral.
- I give consent to de-identified information being provided to NT PHN and the Australian Government nominated Minimum Data Set for statistical and evaluation purposes to improve mental health services in Australia.

Consumer signature

Date

## Referrer Details

<b>Referrer name</b>			
<b>Provider number</b>		<b>Role/relationship</b>	
<b>Phone</b>		<b>Fax</b>	
<b>Email</b>			
<b>Address</b>			

 The referrer agrees that all information submitted in this referral is an accurate reflection of the applicant's support needs, is correct with no information withheld and is necessary for Connect to Wellbeing to fulfil its duty of care to consumers, staff and other partner agencies.

Referrer signature

Date

## What happens now

Fax this referral with a Mental Health Care Plan to Connect to Wellbeing via fax on 08 7906 2260 or email [NT.ConnectToWellbeing@neaminational.org.au](mailto:NT.ConnectToWellbeing@neaminational.org.au)

A Connect to Wellbeing intake staff member will contact the person referred to validate the referral and schedule an appointment with a clinician to undertake an assessment.

[Submit Referral via email](#)

## Contact Connect to Wellbeing

**Phone** 1800 844 054

**Fax** 08 7906 2260

**Email** [NT.ConnectToWellbeing@neaminational.org.au](mailto:NT.ConnectToWellbeing@neaminational.org.au)

Connect to Wellbeing is a [Neami National](#) service funded by [Northern Territory PHN](#).



### APPENDIX A - Additional referral information

**i** It is not necessary to complete Appendix A if a Mental Health Care Plan (MHCP) accompanies this referral form and contains the information below.

#### Provisional referrals

Health services, Allied Health professionals and community services can make a provisional referral.

**i** Provisional Referrals can only be accepted for clients who cannot attend a GP appointment for a referral.

<b>Reason for referral</b>			
<b>Perinatal</b>	<input type="radio"/> Yes	<input type="radio"/> No	
<b>Outcome measures</b>	<b>SDQ score</b>	<b>K10 score</b>	<b>K5 score</b>
<b>Mental health diagnosis</b>			
<b>Medication</b>			
<b>Substance use</b>			
<b>Relevant History</b>			
<b>Risk</b>			
<b>Care team</b>			

#### What happens now

Please attach any other relevant information or assessments if applicable or appropriate.

Fax this referral to Connect to Wellbeing via fax on 08 7906 2260 or email [NT.ConnectToWellbeing@neaminational.org.au](mailto:NT.ConnectToWellbeing@neaminational.org.au)

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