

Referral form

To be eligible for Neami National services you must be between 18-65 years.

If you have an existing NDIS plan for mental health support, please give us a call to discuss your options.

Consumer details

Full name

Gender

Gender pronouns

Street address

Phone

Mobile

Email

DOB

Indigenous status

Aboriginal but not
Torres Strait Islander

Torres Strait Islander
but not Aboriginal

Both Aboriginal and
Torres Strait Islander

Neither Aboriginal nor
Torres Strait Islander

Not stated/inadequately
described

Primary support (e.g. GP)

Service name

Address

Phone

Email

Reason for seeking support

Referrer details

Referrer name

Agency

Role/relationship

Support provided

Phone

Fax

Email

Please attach any current treatment plans, risk assessments and discharge summaries.

Presentation

Mental health experiences, for example your history and any diagnoses you identify with

Other service supports

Any other relevant health information, for example physical health concerns, mobility considerations, disabilities, alcohol and other drug use etc.

Emergency contact

Full name

Relationship

Phone

Has the consumer been informed of referral? And person being referred is aware of consent to share information?

Yes

No

Date

Referrer signature (if not self-referral)

Date

Consumer/guardian Signature

Submit this form to your closest Neami service

If you're unsure about which service to submit to, contact us on 08 9527 5547.

South Team (Mandurah/Rockingham)

E ReferralsSouth@neaminational.org.au

T 08 9527 5547

North Team (Joondalup/Perth)

E ReferralsNorth@neaminational.org.au

T 08 9301 1227

Wait times for assessment and services vary. Please contact your local Neami service for an estimated wait time for your catchment area.