

# Self Referral Form

## About Step Thru Care

Step Thru Care - Geelong Otway's offers free mental health and/or alcohol and drug (AOD) support. Step Thru Care provides support in one place, which means people experiencing mental health or substance use challenges, or a combination of both, don't need to retell their stories to multiple services.

The Step Thru Care team have diverse backgrounds and expertise, including specialising in mental health, AOD and LGBTIQ+ specific challenges. This helps to create a culturally safe, accessible and inclusive service.

The team is made up of mental health and AOD clinicians, child and family practitioners, multicultural practitioners, care recovery coordinators, and peer support workers who have lived experience of mental health and substance use challenges.

Step Thru Care offers a recovery focused approach by providing:

- tailored information
- education
- group therapies
- emotional support
- evidence-based therapies
- care coordination.

## Eligibility Information

People who are eligible:

- Low income, e.g. healthcare/concession card holders
- Living rural or remote
- People who identify as LGBTIQ+, aboriginal and/or Torres Strait Islander peoples
- People from Culturally and Linguistic (CALD) backgrounds
- Children under the age of 12 years
- People experiencing perinatal depression
- People experiencing or at risk of domestic violence
- People with an intellectual disability and who are experiencing AOD and/or mental health issues
- Young people who do not access to other appropriate services.

Receiving STC service is not duplicative of other services.

Those who do not fit into the above criteria will be encouraged to seek appropriate services.

Please note: people aged 12–25 should seek support from headspace in the first instance.

**Please attach any relevant information to this referral e.g GP letter, assessments, K10.**

Consumer Information

Title	First Name	Preferred Name			
Last Name	Date of Birth	Gender			
Pronoun	Address				
Contact Number	Email				
Country of Birth	Main Language Spoken				
English Proficiency	Interpreter Required	Yes	No		
ATSI Status	Homelessness				
Intersex	Sexual Orientation				
Labour Force Status	Employment Participation				
Income Source	Marital Status				
Health Care Card	Yes	No	NDIS Participant	Yes	No
Consent to Share information with WestVicPHN (Funding body)				Yes	No

Emergency or Support Person Contact

First Name	Last Name
Phone Number	Relationship to You
First Name	Last Name
Phone Number	Relationship to You

Current Supports

Personal

Name	Contact Number
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Service support

Name	Contact Number
Email Address	

# Child/Youth Referrals

**Guardian Name**

**Contact Number**

Does the child/youth reside with the guardian?

Yes

No

If no, where does the child/youth reside?

**Carer Name**

**Carer Number**

Are there any legal orders? Eg FLC, IVO, DFFH (please attach copies)

Yes

No

Comments:

Is the child/young person aware this referral is being made?

Yes

No

# Mental Health & AOD

Do you have a mental health diagnosis

Additional Diagnosis

Past history of Mental health concerns

Current mental health concerns

Do you have any legal involvement eg IVO, CCO, FLC orders?

Where an IVO is in place, who is this pertaining to?

**Please advise of medications:**

Antipsychotics?	Yes	No	Not stated	Unknown
Anxiolytics?	Yes	No	Not stated	Unknown
Hypnotics?	Yes	No	Not stated	Unknown
Antidepressants?	Yes	No	Not stated	Unknown
Psychostimulants?	Yes	No	Not stated	Unknown

**AOD use**

Yes No

Primary drug of concern

Quantity

Secondary drug of concern

Quantity

**Reason for Referral**

Please email referral to **[stepthruare@neaminational.org.au](mailto:stepthruare@neaminational.org.au)** or fax to **03 5229 5286**.  
**If you are sending via email, please ensure the document is password protected.**

Please note: Step Thru Care is not a crisis service. Please call the Barwon Health ACCESS Team on 1300 094 187 where acute risk is present.