

## Referral Form - Northern Melbourne Psychosocial Support Service

Please email completed form to [NorthernMelbournePSS@neaminational.org.au](mailto:NorthernMelbournePSS@neaminational.org.au) or fax to 03 9309 4843

Attach all relevant documents, including (if available): Mental Health Care Plan, assessment notes, outcome measures, discharge summary, and/or current risk management plans.

### ELIGIBILITY CRITERIA

*Consumers must meet all criteria to be eligible for this service. If unsure about eligibility, contact intake on 1300 052 588*

- ☐ Severe episodic mental illness with associated impact on psychosocial functioning
- ☐ Would benefit from time-limited psychosocial support
- ☐ Not currently supported or eligible for local hospital network funded psychosocial support service
- ☐ Lives or works within the NWMPHN catchment (Darebin, Yarra, Hume Moreland, Mooney Valley, City of Melbourne and Macedon Ranges LGAs)
- ☐ Not eligible for or assisted by the NDIS

### NDIS APPLICATION STATUS

- ☐ Ineligible due to age / residency
- ☐ Tested and found ineligible (provide details below)
- ☐ Applied and waiting access decision
- ☐ Do not intend to apply (provide details below)

Comments:

### REFERRER DETAILS

Name			Relationship to consumer	
Organisation				
Address				
Phone		Fax		

### CONSUMER DETAILS

Full name			Preferred name	
Phone			Email	
DOB			Gender	
Address				
Country of birth			Interpreter language (if required)	
<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither Aboriginal nor Torres Strait Islander				
<input type="checkbox"/> Culturally and linguistically diverse				
Homelessness	<input type="checkbox"/> Yes <input type="checkbox"/> No    Comments:			

### EMERGENCY CONTACT

Name			Relationship	
Gender			Phone	
Email				



## CONSUMER INFORMATION

Mental health diagnosis (if known), presenting mental health needs and medications

Reason for referral

Addictive behaviours

Managing daily activities and responsibilities (e.g. self-care, cooking, parenting)

Social skills, friendships and family relationships

Education / employment

Physical wellbeing

Life skills (e.g. self-confidence, resilience)

Current and previous services (e.g. psychologist, GP) and information support (family, friend, carer)



**RISK ASSESSMENT****If presenting in an acute psychiatric crisis or risk is high, call your local area mental health service****Suicide**Current suicide thoughts ☐ Yes ☐ NoCurrent suicide plan ☐ Yes ☐ NoCurrent suicide intent ☐ Yes ☐ NoSuicide risk level ☐ Not apparent ☐ Low ☐ Medium ☐ High

Comments/relevant history

**Self-harm**Current self-harm thoughts ☐ Yes ☐ NoCurrent self-harm plan ☐ Yes ☐ NoCurrent self-harm intent ☐ Yes ☐ NoSelf-harm risk level ☐ Not apparent ☐ Low ☐ Medium ☐ High

Comments/relevant history

**Harm to others**Current harm to others thoughts ☐ Yes ☐ NoCurrent harm to others plan ☐ Yes ☐ NoCurrent harm to others intent ☐ Yes ☐ NoHarm to others risk level ☐ Not apparent ☐ Low ☐ Medium ☐ High

Comments/relevant history

**Harm from others**Risk of harm from others ☐ Yes ☐ No

Comments/relevant history

**Please attach any current risk management plans to this referral.**

## CONSENT

### Consent to participate

North Western Melbourne PHN (NWMPHN) and Neami National are required to collect and use information about you. This includes personal information, and information about the services you are receiving. This information is used by staff members involved in delivering services to you, and by staff at NWMPHN. This information is used and shared to ensure you get the right service for your needs, to monitor service delivery and performance, and evaluate and make improvements to services. *If consent is withheld, service provision may be limited.*

I (or parent/guardian) consent to receive services and for the collection and use of information about me and the services I receive, as outlined above.

☐ Yes ☐ No

*NWMPHN funded services are evaluated to ensure they are meeting the needs of consumers and our community. You may be contacted to participate in additional evaluation activities associated with your care. If contacted, you can choose whether you wish to take part or not.*

I understand my personal information will not be shared otherwise, unless:

- Consent to my information being shared;
- There is a serious threat to my safety, the safety of another person, or the public, and obtaining my consent is not reasonable or practical; or
- A disclosure is required by law.

☐ Yes ☐ No

I understand I have a right to request access to my information. If I disagree with information in the file, or I have a question or complaint about what happens to my information, I can discuss this with my support worker.

☐ Yes ☐ No

### Consent to collect and share information with other services

I (or parent/guardian) consent to the collection and sharing of all relevant information with the listed service providers below to assist my (or my child's) overall care. I understand that my information will not be shared if I do not consent.

☐ Yes ☐ No

Service provider type	Name	Organisation	Contact (phone/email)

### Consent to share anonymised data with the Department of Health

As the overall funder, the Department of Health is interested in anonymised data which will be used for evaluation purposes to improve mental health services in Australia. This anonymised data includes information about you, such as your gender, date of birth and types of services received, but does not include any information that could identify you (e.g. your name, address or Medicare number).

(I (parent/guardian) consent to NWMPHN and Neami providing anonymised data about me and the services I receive to the Department of Health. I understand that my information will not be shared if I do not consent.

☐ Yes ☐ No

Consumer signature \_\_\_\_\_ Date \_\_\_\_\_

☐ Verbal consent provided by consumer instead of written consent

Referrer signature \_\_\_\_\_ Date \_\_\_\_\_

