

# Neami – Port Lincoln Referral Form

## Neami – Port Lincoln

Shop 13, Civic Centre, 60 Tasman Terrace, Port Lincoln SA 5606

P 1300 171 852

[neaminational.org.au](http://neaminational.org.au)

### Program referring to (please choose only one):

Clinical Care Coordination (CCC) – a free service that provides coordinated clinical care for people living in Port Lincoln and surrounding areas.

Commonwealth Psychosocial Support Program (CPSP) – provides free short-term practical support for people seeking to strengthen resilience and community connections.

### Your/Person's details

Full name

Gender

Gender pronouns

Street address

☐ No fixed address

Phone / Mobile

Email

Date of birth

### Cultural considerations

Interpreter required

Yes

No

Preferred language

### 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

### Presentation

Reason for seeking support (brief description)

**Mental health experiences**, for example relevant history and diagnoses the person referred identifies with

**Other service supports**

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

**Have you applied for the NDIS?**

Yes

No

If yes, please provide details. For example: application pending, application rejected and the reason for this outcome.

**Emergency contact**

Full name

Relationship

Phone

**Referrer details**

Referrer name

Agency

Phone

Email

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

**Has the person being referred (consumer) been informed of this referral and consented to share information?**

Yes

No

**If self-referring, do you consent to share information?**

\_\_\_\_\_

☐ Or verbal consent (tick if applicable)

Referrer / consumer / guardian signature

Date

Please send this form to the program you're referring to, either:

- Clinical Care Coordination: [ccc.pl@neaminational.org.au](mailto:ccc.pl@neaminational.org.au), or
- Commonwealth Psychosocial Support program: [cps.pl@neaminational.org.au](mailto:cps.pl@neaminational.org.au)
- For Healthlink referrals, Healthlink EDI: neamipol

**Neami  
staff use  
only:**

Referral accepted

Yes      No

Reason if referral not accepted

Date