



## Social and Emotional Mental Health Aboriginal and Torres Strait Islander Referral Form

**Client Details** Name: \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_

Gender  Male  Female  other: Contact number: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Email: \_\_\_\_\_

Cultural identity: Aboriginal:  Yes or  No or Torres Strait Islander:  Yes or  No

Income:  Pension  Employed  other: \_\_\_\_\_

Medicare card number: \_\_\_\_\_

Name of GP: \_\_\_\_\_ GP Practice contact details: \_\_\_\_\_

Reason for referral:

\_\_\_\_\_  
\_\_\_\_\_

Other services involved \_\_\_\_\_

The client must give verbal/written consent to this referral .

Referrers Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Provider number: \_\_\_\_\_ Date: \_\_\_\_\_

Please note: If you have any other relevant documentation that will assist in triaging and assessing this client for eligibility of primary mental health funded services please attach it to the referral form.

Please indicate the level of impact in the following

| <b>Domains</b>  | <b>Information (if not provided)</b>   | <b>Level</b>  |
|---|--|---|
| <b>Domain 1.<br/>Symptom, severity<br/>and distress</b>         | Current symptoms<br>History of significant and ongoing symptoms  | Mild<br>Moderate<br>High  |
| <b>Domain 2.<br/>Risk</b>                                       | Current and historical suicide ideation and self-harm<br>Plan, intent, attempts and protective factors     | Mild<br>Moderate<br>High  |
| <b>Domain 3.<br/>Functioning</b>                                | Impact on functioning e.g. work, social, parenting,<br>education, personal care and personal relationships | Diminished<br>Impaired,<br>Significant<br>Profound.                                       |
| <b>Domain 4.<br/>Impact of co-existing<br/>conditions</b>       | Physical health conditions, Substance abuse or<br>Cognitive impairment                                     | Occasional<br>Ongoing<br>Episodic<br>Severe.  |
| <b>Domain 5.<br/>Treatment and<br/>recovery history</b>         | History of previous treatment for mental health<br>conditions  | Full<br>Moderate<br>Minor<br>Negligible.  |
| <b>Domain 6.<br/>Social and<br/>Environmental<br/>stressors</b> | Level of stressors   | Mild<br>Moderate<br>High<br>Extreme   |
| <b>Domain 7.<br/>Family and other<br/>supports</b>              | Identified supports e.g. family, friends or services   | Substantial,<br>Useful<br>Potential<br>Difficulties accessing<br>supports<br>Insufficient |
| <b>Domain 8.<br/>Engagement and<br/>motivation</b>              | Level of understanding and acceptance -  | Optimal<br>Positive<br>Limited<br>Minimal.  |

**FAX:** 1300 452 059 or

**Medical Objects:** HEALTHWISE, MENTAL HEALTH

**E-Referral system:** refeRHEALTH

**For more information HealthWISE on:** 1800 931 540

**Email:** [mentalhealth@healthwise.org.au](mailto:mentalhealth@healthwise.org.au)

**Website:** [www.healthwise.org.au](http://www.healthwise.org.au)