

## 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. Symptom, severity and distress</b>	Current symptoms History of significant and ongoing symptoms	Mild Moderate High
<b>Domain 2. Risk</b>	Current and historical suicide ideation and self-harm Plan, intent, attempts and protective factors	Mild Moderate High
<b>Domain 3. Functioning</b>	Impact on functioning e.g. work, social, parenting, education, personal care and personal relationships	Diminished Impaired, Significant Profound.
<b>Domain 4. Impact of co-existing conditions</b>	Physical health conditions, Substance abuse or Cognitive impairment	Occasional Ongoing Episodic Severe.
<b>Domain 5. Treatment and recovery history</b>	History of previous treatment for mental health conditions	Full Moderate Minor Negligible.
<b>Domain 6. Social and Environmental stressors</b>	Level of stressors	Mild Moderate High Extreme
<b>Domain 7. Family and other supports</b>	Identified supports e.g. family, friends or services	Substantial, Useful Potential Difficulties accessing supports Insufficient
<b>Domain 8. Engagement and motivation</b>	Level of understanding and acceptance -	Optimal Positive Limited 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)