

INDIGENOUS MENTAL HEALTH

Client Referral and Consent Form

HealthWISE will assist you/your patient to access Mental Health Services.

Each case will be assessed based on the information provided. The level of support will be determined on a case by case basis and subject to Hunter New England Central Coast Primary Health Network (HNECC PHN) guidelines, policies and procedures and the capacity of HealthWISE staff.

- Once signed, this form will register you or your patient to become a client of the Indigenous Mental Health Program run by HealthWISE.
- Registration will allow the Indigenous Mental Health Team to access and share necessary information with health providers and other relevant service providers who are identified to support the client.
- All information shared between the client and HealthWISE will be strictly confidential, at all times.
- All data collected and used for reporting purposes will be de-identified.
- You or your patient will notify HealthWISE if they are being supported by another service.
- HealthWISE has a zero tolerance policy for abusive behaviour. Any breaches of our behaviour policy may result in you or your patient being released from this program.

Please forward signed and completed forms to the HealthWISE Indigenous Mental Health team via imh.staff@healthwise.org.au.

Please call your local IMH Worker for further information:

PEEL CLUSTER LIVERPOOL PLAINS	Blossom Pitt IMH Care Coordinator Monday – Friday	02 6766 1394
TABLELANDS REGION	Kerry Strong IMH Lead Care Coordinator Monday – Friday	02 5733 5308
	Natasha Haines IMH Peer Support Worker Monday – Friday	02 6771 1146
	Bernise Leece First Nations Support Coordinator Monday - Friday	02 6721 4117

INDIGENOUS MENTAL HEALTH Social & Emotional Wellbeing Check

Reason for referral:

Suicide ideation/attempts

History
Current
Plan
Intent

AOD misuse

History
Current

Mental illness

History
Current

Mandated/parole

Self-harm/self-harm ideation

History
Current
Plan
Intent

Family violence

History
Current
Victim survivor
Perpetrator

Stolen generation issues

First generation
Second generation
Third generation
Adoption/state ward/fostered

Significant issues/relevant information:

Purpose of referral:

MH support
IMH group therapy

AOD support

First Nations Aftercare Services (Inverell and surrounds)

BTH support

Counselling

What level of risk is this person?

High

Medium

Low

Reason for risk level given:

Has a mental health plan been done for this client?

Yes

No

Does the client consent to the referral?

Yes

No

Does the client have other support services involved?

Yes

No

Does the client consent for IMH staff member to share information with external agencies involved in their care?

Yes

No

Organisation

Case Worker

Phone

Is the client happy to have their family involved with their care?

Yes

No

Name

Relationship

Phone

Have any/all relevant documents been attached?

Yes

No

N/A reason

