

**YOU IN MIND - Group Referral Form
FAIRFIELD CORRECTIONS**



Please complete - and send to healthcare@onedoor.org.au

**Referrals cannot be accepted without a summary of mental health needs
and the consumer's signed consent.**

REFERRER DETAILS:				
Date:	Name:	Organisation:		
Position in Organisation:				
Phone:	Suburb:			
Fax No:				
Relationship to consumer:			Email:	
CONSUMER DETAILS:				
Title:	First Name:	Last Name:		
Address:				Post Code:
Phone H:	M:	DOB:		
Please circle:	Male	Female	Other	
Please circle:	Aboriginal	Torres Straight Islander	Both	Neither
Country of Birth:		Language spoken at home other than English:		
Interpreter Required? YES/NO				
Current General Practitioner (GP):				
Name:	Practice:		Phone:	
MENTAL HEALTH NEEDS:				
Provide summary of presenting issues including diagnosis, past or current treatment, level of functional impact, medication etc.				

**YOU IN MIND - Group Referral Form
FAIRFIELD CORRECTIONS**



Please complete - and send to healthcare@onedoor.org.au

Please indicate which of the following would interest you as a group discussion:	
Managing My Emotions	Parenting Skills
Mindfulness/Relaxation	Adjusting To Change
Improving Relationships	Managing Mood/Depression
Better Sleep and Overall Health	How To Be Less Anxious
Please list a topic that would interest you regarding improved health and well-being:	
<p>IS THE CLIENT CURRENTLY ACCESSING, OR HAS PREVIOUSLY ACCESSED INDIVIDUAL SERVICES? If so, please advise when and what service.</p>	

NOTE: More information about these services can be found at swsphn.com.au (Mental Health Programs section.)