

SWSPHN Psychosocial (non-clinical) Services Referral Form			
Referrals cannot be accepted without a summary of mental health concerns and psychosocial needs (Section 6) and the consumers, or guardian signed consent (Section 7)			
1. Referrer Details		PLEASE PRINT CLEARLY	
Name:	Organisation:		
Phone: Fax:	Position:	Suburb:	
Relationship to consumer:		Email:	
2. Consumer Details			
Title:	First Name:	Last Name:	
Address: Homeless <input type="checkbox"/>		Suburb:	Postcode:
Phone: H:	DOB:	Male <input type="checkbox"/>	Female <input type="checkbox"/> Other <input type="checkbox"/>
M:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>		
Country of Birth:	Language spoken at home (other than English): Interpreter required?		
3. Next of Kin			
Name:	Relationship:	Phone:	
4. Current General Practitioner (GP)			
Name:	Practice:	Phone:	
5. Support			
Have you/the consumer applied to the NDIS? Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/>		Have you/the consumer received support from any of the below mental health programs (please select)?	
If yes, what was the outcome (please select)? <input type="checkbox"/> Eligible (has a package) <input type="checkbox"/> Ineligible (no package received) <input type="checkbox"/> Awaiting decision (applied but no outcome) <input type="checkbox"/> Under review <input type="checkbox"/> Unsure		<input type="checkbox"/> No <input type="checkbox"/> Unsure <input type="checkbox"/> Partners in Recovery (PIR) <input type="checkbox"/> Personal Helpers and Mentors (PHAMS) <input type="checkbox"/> Day to Day Living (Harmony House/ Flowerdale)	
6. Psychosocial (non-clinical) Needs and Mental Health Concerns			
Past/Present diagnosis of mental health condition, if any:		Last Hospital Admission (due to mental illness), if any:	
To what extent does your/the consumers mental health condition impact on their everyday life? (frequency, social, personal or work life etc)			

SWSPHN Mental Health Central Intake

Enquiries 1300 797 746 (1300 SWSPHN) Referrals confidential fax line 4623 1796

Please tick which psychosocial areas you/ the consumer would like to work on:

- | | |
|---|---|
| <input type="checkbox"/> Friendships, social skills and family connection | <input type="checkbox"/> Education and training goals |
| <input type="checkbox"/> Finding and maintaining a home | <input type="checkbox"/> Vocational skills and finding a job |
| <input type="checkbox"/> Managing daily living needs | <input type="checkbox"/> Physical wellbeing and exercise |
| <input type="checkbox"/> Financial management and budgeting | <input type="checkbox"/> Building life skills including confidence and resilience |
| <input type="checkbox"/> Other (specify): | |

Please list any current mental health professionals or mental health programs you/the consumer are currently receiving support from:

Available SWSPHN Psychosocial Services

Program Name	Eligibility	Description
Connector Hub Psychosocial Support Program	Severe Mental Illness Psychosocial Support Needs Living in South Western Sydney Not current consumers of the PIR, PHAMs or D2D living programs No NDIS Package	Provides non-clinical services to support consumers to recover from their mental illness by addressing their recovery goals and getting the support they require. The flexible program includes: <ul style="list-style-type: none"> - A range of activities to improve social connections, build capacity & improve health & wellbeing; - Individual support & group work; - Assistance to get the support and services they need; - Peer Workers & Recovery Support Workers. Connector services are accessed through hubs across the region and through mobile outreach. For more information please refer to brochure (in development).

Please note: SWSPHN also provides a range of FREE Psychological services.

Please visit <https://www.swsphn.com.au/mentalhealth> or contact 1300 797 746 (1300 SWSPHN) for more information.

7. Consent

I, _____, (consumer or guardian name - please print clearly)

Consent to this referral and I agree to information about my mental health being recorded in my medical file and shared between the GP, South Western Sydney PHN Central Intake to assist in the management of my health care and the Mental Health Professional to whom I am referred.

I understand that SWSPHN will provide information that does not identify me, such as the types of service I receive, to the Department of Health to assist improvement of mental health services in Australia. (Delete if you do not consent to sharing of information with the Department of Health)

_____ (consumer or guardian signature)

Our Mental Health Central Intake Team are happy to answer your questions regarding referral and treatment planning on **1300 797 746** (1300 SWS PHN)

Fax completed form with signed consumer consent to mental health central intake confidential fax line **4623 1796**