



## TEAMhealth Referral Form

**TEAMhealth provides:**

Recovery focused psychosocial rehabilitation and early intervention programs for people and their families affected by mental illness. For further program specific information please refer to the TEAMhealth brochure.

To enquire about a referral to each program please speak to the program Team Leader or Manager at:

**Darwin office:** Ph: 08 8943 9600 GPO Box 4050 Darwin NT 0810

**Katherine office:** Ph: 08 8971 3344 GPO Box 638, Katherine NT 0850

### Service request (Please tick one or more boxes)

#### Self Referrals are accepted

X	PROGRAM	SERVICE PROVIDED	CONTACT DETAILS
<input type="checkbox"/>	<b>Day to Day Living Program (D2DL)</b>	Drop in and Day Program based in Rapid Creek. Provides support to access the Program from Palmerston weekly.	Ph: 08 8948 4055 Fax: 08 8948 5599
<input type="checkbox"/>	<b>Family and Youth Services Program (FaYS)</b>	Education and support for young people 16-24yrs, Indigenous people and families, in the Top End.	Ph: 08 8943 9600 Fax: 08 8943 9601
<input type="checkbox"/>	<b>Manse</b>	24 hr supported long term accommodation in Darwin (18-64yrs) <b>NB: Referrals accepted only from Top End Mental Health Services (TEMHS)</b>	Ph: 08 8981 8417 Fax: 08 8981 6037
<input type="checkbox"/>	<b>Personal Helpers and Mentors Program (PHaM)</b>	Outreach support in the Top End, Rural and Remote areas for people who may, or may not, be engaged with clinical services and/or who are not currently engaged in any other service.	Ph: 08 8943 9600 Fax: 08 8943 9601
<input type="checkbox"/>	<b>Recovery Assistance Program (RAP)</b>	Outreach support in Darwin, Palmerston and Katherine for people 18-64yrs.	Ph: 08 8943 9600 Fax: 08 8943 9601
<input type="checkbox"/>	<b>Sub Acute Residential Program – Papaya</b>	24/7 intensive residential step-up and step-down program for up to 4 weeks for people 16-64yrs. <b>NB: Referrals accepted only from Top End Mental Health Services (TEMHS)</b>	Ph: 08 8948 0501 Fax: 08 8948 4610
<input type="checkbox"/>	<b>Community Housing Program (CHP)</b>	Must be active client with one or more of the above Programs. If entry to CHP is requested, please complete Application on Page 4.	Ph: 08 8943 9600 Fax: 08 8943 9601

### Applicant Details

<b>Name:</b>		<b>D.O.B.</b> /     /	
<b>Current address:</b>		<b>Postcode:</b>	<b>Phone:</b>
			<b>Mobile:</b>
<b>Preferred name:</b>		<b>Religion:</b>	<b>Country of Birth:</b>
<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> other		<b>Cultural Background:</b>	<b>Primary language:</b>
			<b>Interpreter required:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Current Case Manager:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>HRN No:</b>	<b>Indigenous status:</b>
<b>Case Manager Name:</b>			<input type="checkbox"/> Aboriginal not Torres Strait Islander
<b>Phone:</b>			<input type="checkbox"/> Torres Strait Islander not Aboriginal
			<input type="checkbox"/> Both Aboriginal and Torres Strait Islander
			<input type="checkbox"/> Not Indigenous
<b>Current Primary Diagnosis:</b>		<b>Additional Diagnoses:</b>	
		1.	
		2.	
Who diagnosed the mental illness? <input type="checkbox"/> GP <input type="checkbox"/> Private Mental Health Practitioner e.g. Private Psychiatrist			
<input type="checkbox"/> Top End Mental Health Service (TEMHS) or Central Australia Mental Health Services (CAMHS)			
ICD-10 Code: _____ (For TEMHS staff only)			



<b>Legal issues:</b> <input type="checkbox"/> Guardianship Order <input type="checkbox"/> Pending criminal proceedings <input type="checkbox"/> Family and Children's Services (FaCS) involvement		<input type="checkbox"/> Community Management Order (CMO) <input type="checkbox"/> Relevant criminal history <input type="checkbox"/> Supervision Order	Additional documentation attached <input type="checkbox"/>
<b>Risk issues</b> <input type="checkbox"/> History of aggressive behaviour <input type="checkbox"/> History of verbal/physical aggressive behaviour		<input type="checkbox"/> Previous risk to self and/or others, including staff <input type="checkbox"/> Current Behavioural Management Plan	Additional documentation attached <input type="checkbox"/>
<b>Supports</b> <input type="checkbox"/> Family/friends support available – e.g. parents, siblings, spouse, other close relatives, friends, involvement in community <input type="checkbox"/> Interpreter services		<input type="checkbox"/> Education level <input type="checkbox"/> Literacy and numeracy support	Additional documentation attached <input type="checkbox"/>
<b>Any other special needs:</b>			

### Community Housing Program (CHP)

**Eligibility Criteria:**  
 TEAMhealth provides a range of single, share and family accommodation options in the Darwin and Palmerston area. The CHP aims to promote independent living for persons with a diagnosed mental illness. Persons applying for CHP accommodation must be a current / active client of one of TEAMhealth's Psychosocial Rehabilitation Programs.

Do you wish to apply for entry into TEAMhealth's Community Housing Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b><i>If Yes, please complete Application on Page 4</i></b>
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### Consent

**Referring Agency to Complete:**

I confirm that the person has consented to this referral for service from TEAMhealth – (please note that a referral cannot be accepted without a person's consent)

Signature of referrer: \_\_\_\_\_

Signature of Public Guardian: \_\_\_\_\_

Name and title of person referring:	Date:	
Name of organisation:	Telephone:	
Email address:	Fax number:	

**Referred Person to Complete:**

I understand and agree to this referral. I understand that TEAMhealth works in partnership with other services. By signing this referral I agree to the following services exchanging information relevant to my care. (Please tick)

<input type="checkbox"/> Top End Mental Health Services (TEMHS)	<input type="checkbox"/> My GP
<input type="checkbox"/> Private Psychiatrist	<input type="checkbox"/> Psychologist
<input type="checkbox"/> Corrections	<input type="checkbox"/> Northern Territory Police
<input type="checkbox"/> Other (please specify) _____	

Signature of person being referred: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Guardian name and signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

