



Referral Form – Personal Helpers and Mentors ‘PHaMs’

The aim of TEAMhealth’s Personal Helpers and Mentors (PHaMs) service is to provide practical support for individuals who identify as experiencing difficulties in their life due to mental health.

For further program specific information please refer to the TEAMhealth’s website – teamhealth@teamhealth.asn.au or call 1300 780 081 to speak to the program Team Leader or Manager.

Please accept the referral for the PHaMs service, located at:

Rural and Remote

Maningrida

Daly River

Participant Details

Full Name:	DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Preferred Name:	Mobile:	
Residential Address:	Post Code:	
Primary Language Spoken:	Interpreter Required : <input type="checkbox"/> No <input type="checkbox"/> Yes	
Indigenous Status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Non-Indigenous		
Current Diagnosis:		
Additional Diagnosis:		

Family/Carer Details

Full Name:	
Address:	
DOB:	Mobile:
Primary Language Spoken:	Interpreter Required : <input type="checkbox"/> No <input type="checkbox"/> Yes

Support Networks

Name:	Contact:
Name:	Contact:
Name:	Contact:

Reason for Referral

Referred By:	
Contact Details:	Phone:
Signature:	Date:

Consent for Referral

Participant Name:	Signature:	Date:
Parent/Guardian Name:	Signature:	Date:

Office Use

- | | |
|---|---|
| <input type="checkbox"/> Contact Made | <input type="checkbox"/> Eligible for Assessment |
| <input type="checkbox"/> Eligible for Service | <input type="checkbox"/> Not Eligible for Service |