

Residential Services Referral Form



TeamHEALTH actively promotes and supports an inclusive and diverse culture. We welcome all people, regardless of age, gender, race, ability, sexual orientation, faith, religion and all other identities represented in our community.

TeamHEALTH's Residential Services provide a range of short-, medium- and long-term recovery focused options for people experiencing mental ill-health, who need support to stabilise, recover and transition back into the community.

Participant Details

Participant's Name: _____ Preferred Name: _____

Date of Birth: _____ Country of Birth: _____

Gender Identity: ☐ Woman ☐ Man ☐ Non-binary
☐ Different term – please specify: _____

Pronouns (optional): _____

Address: _____

Email Address: _____ Phone Number: _____

Preferred language: _____

(The language the participant feels most comfortable using).

Interpreter needed? ☐ No ☐ Yes If yes, what language? _____

Any other language or communication supports needed? ☐ No ☐ Yes

If yes, please describe: _____

(For example: Auslan, large print, a communication device, or a support person)

Is the participant of Aboriginal and/or Torres Strait Islander origin? ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

(Select both "Yes" options, if this applies to you)

Cultural identity (optional): _____

(How would you describe your cultural identity or background? For example, your heritage, community or cultural group?)

Trustee in place? ☐ No ☐ Yes Name & Phone Number: _____

Public Guardian in place? ☐ No ☐ Yes Name & Phone Number: _____

Carer in place? ☐ No ☐ Yes Name & Phone Number: _____

Case Manager in place? ☐ No ☐ Yes Name & Phone Number: _____

Referral Details

Current Mental Health Concern and/or Diagnosis & reason for referral:

Residential Services Referral Form

Please provide history of behaviours & concerns:

Person Referring: _____

Relationship to Participant: _____

Phone number: _____

Email: _____

Referrer's Signature: _____ Date: _____

Additional Information

NDIS Plan in Place? ☐ No ☐ Yes NDIS Coordinator of Supports (name/contact): _____

Accessed TeamHEALTH Supports Previously? ☐ No ☐ Yes List Services and Dates: _____

Is the participant taking any medication currently? ☐ No ☐ Yes

(If yes, please attach medication chart to this referral)

Any physical health conditions we need to be aware of? ☐ No ☐ Yes

(i.e. epilepsy, asthma, heart conditions etc.)

If yes, please list:

Is the participant independent in activities of daily living (ADL) ☐ No ☐ Yes

If no, please advise below:

Relevant Documents Attached (please tick and supply)

- ☐ Risk assessment
- ☐ NDIS Plan
- ☐ Clinical notes/Documents
- ☐ Community Management Order

- ☐ Supervision Order
- ☐ Medication Chart
- ☐ Behaviour Support Plan
- ☐ Relevant History

Consent

TeamHEALTH is collecting this information to set up and provide your support. We'll store it securely and only share it where it's needed to arrange or deliver that support. You can ask to see or correct your information, or withdraw your consent, at any time. This won't affect the support you receive.

☐ I consent to this referral

Your information is handled in line with the *Privacy Act 1988 (Commonwealth)*, the *Australian Privacy Principles*, and the *NT Information Act*.

Signature of Participant

Signature of Public Guardian (if applicable)

Date

In the absence of written consent, verbal consent was gained ☐ No ☐ Yes

Risk Assessment (Referrer to complete)

TeamHEALTH requires a brief participant risk assessment to ensure that we understand how to keep our staff, participants and community safe. If you are completing a self-referral and need assistance filling out a risk assessment, please call us on the phone number below.

Participant risk factors

If selecting yes to any of the below, please expand on or attach relevant information/documentation.

History of suicide attempt/s or current suicide ideation (e.g. chronic, recent)

Yes

No

☐
☐

Please provide further details:

History of self-harm (e.g. chronic, recent)

☐
☐

Please provide further details:

Recent traumatic life event (e.g. assault, bereavement, legal concerns, family violence, homelessness etc.)

☐
☐

Please provide further details:

Historical or current drugs or alcohol use

☐
☐

Risk Assessment (Referrer to complete)

If yes, please provide details of substances and any history of rehab or AOD counselling:

Forensic history (including DVO, custodial orders, recent incarceration, upcoming legal matters, parole or bail conditions)

☐
☐

Please provide further details:

Recent incident involving aggression/violence/weapon use or possession

☐
☐

Please provide further details:

Expressing intent to harm others/ Preoccupation/hallucinations with violent or paranoid themes/ideas

☐
☐

Please provide further details:

Inappropriate sexual behaviour

☐
☐

Please list serious events or presenting behaviours:

Reduced ability to self-control / difficulties with emotional regulation etc.

☐
☐

Please provide further details:

Known prejudices – ethnic, religions, (including prejudices that emerge as part of psychosis)

☐
☐

Please provide further details:

Risk Assessment (Referrer to complete)

Vulnerabilities (financial abuse, trauma history, relational/sexual)

☐
☐

Please provide further details:

Protective factors (e.g. friends, family, professional relationships, culture, faith, hobbies, study, employment etc.)

Recommendations to support the safety and comfort of the person in our service (e.g. safety plans, coping strategies, skills or strengths)

Selection of Supports

Supports	Description	Requested ✓
Top End House – Papaya Program, Malak	A short-term accommodation and recovery program for adults aged 18-64, providing intensive psychosocial support for 8-12 weeks. Papaya supports people who are: - Becoming unwell in the community (Step-Up) - Transitioning from hospital back into community living (Step-Down) <i>*Referrals only accepted from the Hospital Inpatient unit or Top End Mental Health Service (TEMHS)</i>	☐
Top End House – Jacaranda Program	A 6-12-month psychosocial rehabilitation program supporting individuals between the ages of 18-64, with severe and enduring mental illness. Jacaranda offers stable accommodation with a focus on daily living support independence with a focus on daily living support, independence, and ongoing recovery. <i>*Referrals only accepted from Top End Mental Health Service (TEMHS)</i>	☐
Prevention and Recovery Care (PARC)	PARC offers a 28-day residential program combining clinical and psychosocial support for individuals between the age of 16 -64 and who are: - Becoming unwell in the community (Step-Up) - Transitioning from hospital back into community living (Step-Down) <i>*Referrals are only accepted from Top End Mental Health Service (TEMHS)</i>	☐

Complex Residential Support	Our Complex Residential Support services offer medium-to-long-term, 24/7 residential rehabilitation for individuals with complex mental health needs, delivered within a recovery-oriented framework. The service is designed for people who require intensive daily support to stabilise their mental health and safely transition towards greater independence. Location: Greater Darwin <i>*Referrals are only accepted from Top End Mental Health Service (TEMHS)</i>	☐
Supported Independent Living (SIL)	Supported Independent Living (SIL) is a type of NDIS-funded support that helps people with psychosocial disability or mental health concerns live as independently as possible while receiving support with daily tasks and routines.	☐
Short Term Accommodation (STA)	Short Term Accommodation (STA) is a NDIS-funded support that provides temporary respite for people living with psychosocial disability or mental health concerns, as well as their families and carers.	☐

Completing this Form

- Please call TeamHEALTH on **1300 780 081** if you need any assistance completing this form.
- Send the completed form to: teamhealth@teamhealth.asn.au.
- TeamHEALTH will contact the participant or Public Guardian within three working days of receiving this form.

Thank you for your referral!