

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.

Participant Details

| | | | |
|---------------------------|--|---|---|
| Participant's Name | _____ | Preferred Name | _____ |
| Date of Birth | _____ | Gender | _____ |
| Email Address | _____ | Phone Number | _____ |
| Address | _____ | | |
| Country of Birth | _____ | Language at Home | _____ |
| Origin | <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> Non-Indigenous |
| Interpreter Required? | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Public Guardian in Place? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Name & Phone Number: | _____ |
| Carer in Place? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Name & Phone Number: | _____ |
| Case Manager in Place? | <input type="checkbox"/> No <input type="checkbox"/> Yes | Name & Phone Number: | _____ |

Referral Details

Current Mental Health Concern and/or Diagnosis:

Reason for Referral:

| | | | |
|-----------------------------|-------|------|-------|
| Person Referring | _____ | | |
| Relationship to Participant | _____ | | |
| Contact Details | _____ | | |
| Referrer's Signature | _____ | Date | _____ |

Additional Information

| | | |
|--|--|--------------------------------|
| NDIS Plan in Place? | <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Accessed TeamHEALTH Supports Previously? | <input type="checkbox"/> No <input type="checkbox"/> Yes | List Services and Dates: _____ |
| | | _____ |
| | | _____ |

Selection of Supports

Select the requested supports:

| Supports | Age | Formal Diagnosis | Description | Requested ✓ |
|---------------------------|-----|------------------|--|----------------|
| Centre Based Supports | 18+ | Not required | Our centre-based supports are a welcoming place where individuals who are experiencing mental health concerns can socialise and participate in a range of activities. | |
| Mental Health Supports | 16+ | Not required | Mental Health Recovery Workers will work alongside individuals who are experiencing mental health concerns, developing a recovery plan based on the individual's goals. | |
| Aged Care | 65+ | Not required | Tailored supports are provided to older individuals who are experiencing mental health concerns to help them continue to live independently in their own home and community. | |
| Residential | 18+ | Required | Short, medium and long-term residential support is provided to individuals. Referrals for this support are only accepted from Top End Mental Health Services (TEMHS). | |
| Housing | 18+ | Required | Transitional housing for individuals who are engaging in a TeamHEALTH service who require non-crisis accommodation support while they establish stable housing. | |
| NDIS Support Coordination | 18+ | Required | Coordinators support individuals to develop a detailed support plan that matches the goals developed in their NDIS plan. | |

Consent

I consent to this referral. I understand that this information will be stored on the TeamHEALTH system and that my details will be de-identified if they are used in reporting.

Signature of Participant

Signature of Public Guardian (if applicable)

Date

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

Supporting Information Attached

Risk assessment Supervision Order Behaviour Support Plan Community Management Order

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