PSP Remote Referral Form

The Psychosocial Support Program (PSP) Remote, provides culturally responsive, trauma-informed psychosocial support for people aged 16 to 64 who are living with mental health concerns or a diagnosed mental illness. Our strength-based, participant-led approach, focuses on Social and Emotional Wellbeing (SEWB), helping people build their capacity and confidence to live a full life.

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 ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Non-Indigenous

Interpreter Required? ☐ No ☐ Yes

Referral Details

Current Mental Health Concern and/or Diagnosis:

Reason for Referral/How can TeamHEALTH support the referee?

1:1 Engagement ☐ Group Engagement ☐ Both 1:1 & Group ☐

NDIS Plan:

Yes ☐ No ☐ In process ☐ Assessment requested ☐

Person Referring			
Relationship to Participant			
Contact Details	Ph:	E:	
Referrer's Signature		Date	

Consent

I consent to this referral/verbal consent has been gained to complete 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. I give permisiion for TeamHEALTH to discuss this information for the purposes of establishing and receiving supports.

TeamHEALTH uses personal information to assist in the coordination and provision of services. Individuals are not required by law to provide this information or consent to this proposed use and disclosure of information. The information provided to TeamHEALTH will be stored in accordance with the Australian Privacy Principles established under the Privacy Act 1998 (Commonwealth) and the Norther Territory of Australia Information Act.

Northern Territory Primary Health Network (PHN) is the funder of this service and uses de-identified information for future planning of mental health services across the Northern Territory, as well as for quality improvement and monitoring service delivery.

If you provide consent, your personal information will be de-identified and shared with Northern Territory PHN. This de-identified information includes information such as your gender, date of birth, and the types of services you receive. De-identified information does not include your name, your address, or your Medicare number. To ensure your privacy is protected, only Northern Territory PHN staff who are authorised to see the de-identified information will be able to do so.

If you refuse consent, we will still provide this service to you. Your information will not be given to Northern Territory PHN.

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)

Participant risk factors *if selecting yes to any of the below please expand on or attach relevant information/documentation*	Yes	No
History of suicide attempt/s or current suicide ideation	☐	☐
Recent traumatic life event	☐	☐
Current misuse of drugs or alcohol	☐	☐
Forensic history	☐	☐
Recent incident involving aggression/violence	☐	☐
Known use of weapons	☐	☐
Expressing intent to harm others	☐	☐
Preoccupation/hallucinations with violent or paranoid themes/ideas	☐	☐

Inappropriate sexual behaviour	☐	☐
Reduced ability to self-control / self-regulate	☐	☐
Major physical disability/illness (including infectious disease)	☐	☐
Known prejudices – ethnic, religions, other:	☐	☐
Issues with compliance eg appointments, medication. If yes, please detail:	☐	☐

Protective factors

Other identified risks

Completing this Form

- Please call TeamHEALTH on 1300 780 081 if you need any assistance completing this form.
- Send the completed form to: AdultSupportsReferrals@teamhealth.asn.au
- We will respond to referrals within 24 hours or next business day to arrange an assessment.

Thank you for your referral!