

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 <input type="checkbox"/> Not Stated		
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:	_____
Other Services Engaged	<input type="checkbox"/> No <input type="checkbox"/> Yes	Name & Phone Number:	_____
		Name & Phone Number:	_____
		Name & Phone Number:	_____

Referral Details

Current Mental Health Concern and/or Diagnosis:

Reason for Referral/How can TeamHEALTH support the refereee?

Person Referring _____

Relationship to Participant _____

Contact Details _____

Referrer's Signature _____ Date _____

Current Medications

No Yes, List: _____

If yes, please attach medication chart to this referral.

Physical Health Conditions

Any physical health conditions? No Yes, List: _____

Are they independent in activities of daily living (ADL)? Yes No If no, please complete 'requires assistance with' below -

Requires assistance with:

Additional Information

NDIS Plan in Place? No Yes *Plan Number* _____
 Self Plan Agency Managed _____

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

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.

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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 (referrer to complete)	Yes	No
History of suicide attempt/s or current suicide ideation	<input type="checkbox"/>	<input type="checkbox"/>
Recent traumatic life event	<input type="checkbox"/>	<input type="checkbox"/>
Current misuse of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>
Forensic history	<input type="checkbox"/>	<input type="checkbox"/>
Recent incident involving aggression/violence	<input type="checkbox"/>	<input type="checkbox"/>
Known use of weapons	<input type="checkbox"/>	<input type="checkbox"/>
Expressing intent to harm others	<input type="checkbox"/>	<input type="checkbox"/>
Preoccupation/hallucinations with violent or paranoid themes/ideas	<input type="checkbox"/>	<input type="checkbox"/>
Inappropriate sexual behaviour	<input type="checkbox"/>	<input type="checkbox"/>
Reduced ability to self-control / self-regulate	<input type="checkbox"/>	<input type="checkbox"/>
Major physical disability/illness (including infectious disease)	<input type="checkbox"/>	<input type="checkbox"/>
Known prejudices – ethnic, religions, other:	<input type="checkbox"/>	<input type="checkbox"/>
Issues with compliance eg appointments, medication. If yes, please detail:	<input type="checkbox"/>	<input type="checkbox"/>

Protective factors

Other identified risks

Selection of 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). <ul style="list-style-type: none"> ○ Prevention and Recovery Care Step up/step down, 28 day stay ○ Papaya Step up/step down up-to 12 weeks, must be case managed ○ Jacaranda Medium to long term, psychosocial rehabilitation ○ Banksia House Medium to long term complex support residence 	
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.	
NDIS Outreach Support	18+	Required	Outreach supports provided to individuals with NDIS plans. A range of supports provided including community access and capacity building.	
Two Ways Mentoring Program	14 years & 9 months	Required	Supports provided to assist individuals in building employment skills, finding and keeping a job. Two Ways requires participants to be unemployed at the time of referral to participate in the program.	

Supporting Information Attached

- Risk assessment
 Supervision Order
 Behaviour Support Plan
 Community Management Order
 NDIS Plan
 Medication Chart

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 two working days of receiving this form.

Thank you for your referral