

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 | | |
| Trustee in Place? | <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Name & Phone Number:</i> _____ | | |
| Public Guardian in Place? | <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Name & Phone Number:</i> _____ | | |
| Carer in Place? | <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Name & Phone Number:</i> _____ | | |
| Case Manager in Place? | <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Name & Phone Number:</i> _____ | | |
| Marital Status | <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Married (registered or de facto) | | |

Referral Details

Current Mental Health Concern and/or Diagnosis & Reason for Referral:

Please provide history of behaviours and concerns:

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

Additional Information

NDIS Plan in Place? ☐ No ☐ Yes *Plan Number:* _____

NDIS Coordinator of Supports *(name/contact)* _____

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

Current Medications

☐ No ☐ Yes
If yes, please attach medication chart to this referral.

Physical Health Conditions

Any physical health conditions, including infectious disease? ☐ No ☐ Yes, List:

Physical Health Medication

☐ No ☐ Yes
If yes, please attach medication chart to this referral.

Are they independent in activities of daily living (ADL)? ☐ Yes ☐ No

If no, please complete below - Requires assistance with:

Relevant Documents Attached (please tick & supply)

| | | | |
|--|--|---|---|
| <input type="checkbox"/> Risk assessment | <input type="checkbox"/> Supervision Order | <input type="checkbox"/> Behaviour Support Plan | <input type="checkbox"/> Community Management Order |
| <input type="checkbox"/> NDIS Plan | <input type="checkbox"/> Medication Chart | <input type="checkbox"/> Clinical Notes/Documents | <input type="checkbox"/> Relevant History |

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 permission 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 Northern Territory of Australia 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)

| Participant risk factors <i>if selecting yes to any of the below please expand on or attach relevant information/documentation</i> | Yes | No |
|--|--------------------------|--------------------------|
| History of suicide attempt/s or current suicide ideation (e.g. chronic, recent) | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide further details: | | |
| History of self-harm (e.g. chronic, recent) | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide further details: | | |
| Recent traumatic life event (e.g assault, bereavement, legal concerns, family violence, homelessness etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide further details: | | |
| Historical or current drugs or alcohol use | <input type="checkbox"/> | <input type="checkbox"/> |
| 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) | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide further details: | | |
| Recent incident involving aggression/violence/weapon use or possession | <input type="checkbox"/> | <input type="checkbox"/> |

| | | |
|--|--------------------------|--------------------------|
| Please provide further details: | | |
| Expressing intent to harm others/ Preoccupation/hallucinations with violent or paranoid themes/ideas | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide further details: | | |
| Inappropriate sexual behaviour | <input type="checkbox"/> | <input type="checkbox"/> |
| Please list serious events or presenting behaviours: | | |
| Reduced ability to self-control / difficulties with emotional regulation etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide further details: | | |
| Known prejudices – ethnic, religions, (including prejudices that emerge as part of psychosis) | <input type="checkbox"/> | <input type="checkbox"/> |
| Please provide further details: | | |
| Vulnerabilities (financial abuse, trauma history, relational/sexual) | <input type="checkbox"/> | <input type="checkbox"/> |
| 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 |
|----------|-------------|-----------|
|----------|-------------|-----------|

Residential Services

TeamHEALTH's Residential Rehabilitation 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.

Location: Greater Darwin

| | | |
|---------------------------------------|--|--------------------------|
| 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: <ul style="list-style-type: none">• 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> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> |
| 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: <ul style="list-style-type: none">• 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> | <input type="checkbox"/> |
| 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> | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |
| 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. | <input type="checkbox"/> |

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