TeamHEALTH Residential Services

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 ☐ Non-Indigenous

Interpreter Required? ☐ No ☐ Yes

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:* _____

Marital Status ☐ Never Married ☐ Widowed ☐ Divorced ☐ Separated
☐ Married (registered or de facto

Referral Details

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

Please provide history of concerning presentations/behaviours:

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 Psychiatric 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:

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

Relevant Documents Attached (please tick & supply)		
☐ Risk assessment	☐ Supervision Order ☐ Behaviour Support Plan	☐ Community Management Order
☐ NDIS Plan	☐ Medication Chart ☐ Clinical Notes/Documents	☐ Relevant History

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 (e.g. chronic, recent)	☐	☐
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	☐	☐
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)	☐	☐

Participant risk factors *if selecting yes to any of the below please expand on or attach relevant information/documentation*	**Yes**	**No**
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, religious, (including prejudices that emerge as part of psychosis)	☐	☐
Please provide further details:		
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
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: • Becoming unwell in the community (Step-Up) • Transitioning from hospital back into community living (Step-Down) **Referrals only accepted from the Hospital Inpatient unit or Top End Mental Health Service (TEMHS)*	☐
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. **Referrals only accepted from Top End Mental Health Service (TEMHS)*	☐
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) **Referrals are only accepted from Top End Mental Health Service (TEMHS)*	☐
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 **Referrals are only accepted from Top End Mental Health Service (TEMHS)*	☐
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.	☐

- 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.