

TeamTALK Referral Form



TeamTALK is a free phone-based mental health support service available to all Territorians, 365 days a year. Operated by experienced, locally based mental health recovery professionals, TeamTALK offers low-intensity, strength-based support tailored to individual needs.

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

Full Name _____ Preferred Name _____
Date of Birth _____ Gender ☐ Male ☐ Female ☐ Non-Binary ☐ Other Preferred Pronouns: _____
Email _____ Contact No. _____
Address _____
Country of Birth _____ Main Language at Home _____
Origin Status ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Non-Indigenous ☐ Unknown ☐ Not stated

Emergency Contact

Full Name _____ Contact No. _____
When do you consent for us to call your emergency contact (tick all that apply)
☐ If I do not answer my scheduled call ☐ If emergency services or the NT Mental Health Crisis Team was called
☐ Other (please describe): _____

Current mental health concerns and/or diagnosis

Preferred scheduled calls (day/s of week, time of day, frequency)

Are you a current or past participant of another TeamHEALTH program?

☐ Yes (please specify:) _____ ☐ No If 'YES' do you have a current safety plan? _____

Referrer Details

Full Name _____ Contact No. _____
Referring Organisation/Agency (if applicable) _____ Relationship to Participant _____
Email _____ Signature _____

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. I understand the TeamHEALTH Privacy Statement can be viewed and I can request a copy from TeamHEALTH.

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.

I consent to a TeamTALK Coach to contact me on the above stated days and times and I understand that my emergency contact will be contacted as per my selections above. Any of the above stated details and/or consents can be withdrawn or adjusted at any time by the participant and/or guardian.

Signature of Participant

Signature of Parent/ Guardian (if applicable)

Date

In the absence of written consent, verbal consent was gained

☐ Yes ☐ No

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		
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		

Participant risk factors (if selecting yes to any of the below please expand on or attach relevant information/documentation)	Yes	No
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: teamtalk@teamhealth.asn.au
- TeamHEALTH will contact the referrer within two working days of receiving this form.

Thank you for your referral