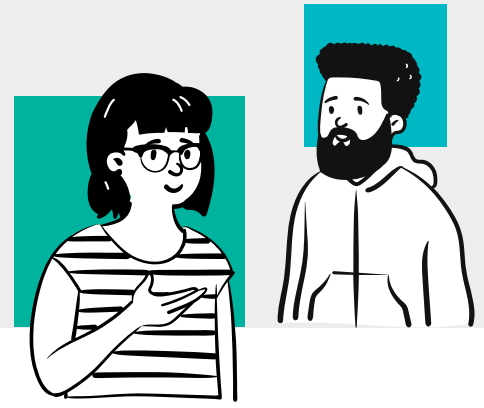


Partners in Wellbeing



Referral:

Tick the service you would like to make referral for:

Mental Health & Wellbeing Local

Mental Health & Wellbeing Hub

Section 1 – General

1A – Consent

By submitting your personal information online, you agree that you have read the privacy statement available by following the link: [Privacy statement](#)

I have read the privacy statement.

*Note: where the person being referred for service is a child under 16, consent must be obtained from a parent or legal guardian to receive Mental Health & Wellbeing Hub support.

Signature

Date

1B – Referrer information

Is this a self referral?

Yes > Please continue to [Section 1C](#)

No > Please fill out referrer information below

Name

Organisation/service

Role

Contact number

Email

How did you hear about us?

1C – Consumer information

Full name

Preferred name

Gender

Preferred Pronouns

DOB

Relationship Status

Address

Suburb & Postcode

Email

Primary phone

Is it safe to leave a message?

Preferred contact method

Aboriginal/Torres Strait Islander

Country of birth

Visa status

Interpreter required?

Language

Australian resident?

Cultural Background/Ethnicity

1D – Emergency contact

Full name

Relationship to participant

Contact number

Email

Section 2 - Support Needs

2A – Support Needs

Describe the reasons for the referral/support needs

[Empty text box for reasons for referral]

Current mental health & wellbeing needs (including diagnosis or symptoms)

[Empty text box for current mental health needs]

2B – Housing and living arrangements

Current living arrangements:
List alerts of concerns related to living arrangements e.g. homeless, at risk of homelessness, living in overcrowded housing, experiencing or at risk of family/ domestic violence)

[Empty text box for housing and living arrangements]

2C – Employment status

Employment status Current income source

Please list current employment/income issues (if any):

[Empty text box for employment/income issues]

2D - Family, Carer or Supporter Details

Do you have someone you would identify as a significant support?

Yes No

If Yes, please provide details below:

Name Relationship
Contact Number Email

2E – Current Support

Professional Supports
(prompt: frequency of support/type of engagement)

[Empty text box for professional supports]

Other Supports
(prompt: family and other significant informal supports)

[Empty text box for other supports]

Section 3 – Immediate Needs

3A - Immediate needs

Do you have access to food and essentials? (incl. medications)

Yes No

If no, provide details:

[Empty text box for food and essentials details]

Do you have a phone and data?

Yes No

Do you feel unsafe or at risk for any reason?

Yes No

If yes, provide details

[Empty text box for unsafe/risk details]

Please list further information or other immediate needs.

[Empty text box for further information]

To submit this referral please click: