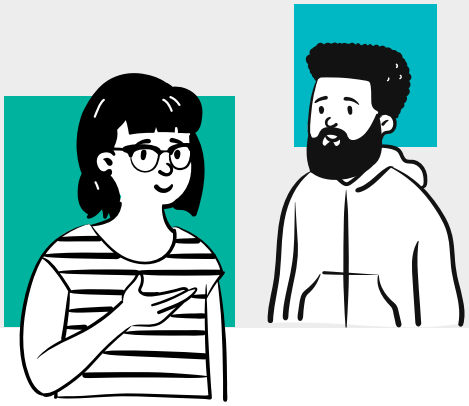
Partners in Wellbeing



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

Select

How did you hear about us?

1C – Consumer information

Full name

Preferred name

Select | Select

Gender | Preferred Pronouns

Select

DOB | Relationship Status

Address

Suburb & Postcode | Email

Select

Primary phone | Is it safe to leave a message?

Select | Select

Preferred contact method | Aboriginal/Torres Strait Islander

Select

Country of birth | Visa status

Select

Interpreter required? | Language

Select

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

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

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)

2C – Employment status

Select — Employment status

Select — Current income source

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

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)

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

Section 3 – Immediate Needs

3A - Immediate needs

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

Yes No

If no, provide 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

Please list further information or other immediate needs.

To submit this referral please click:

Submit Referral

Clear Form