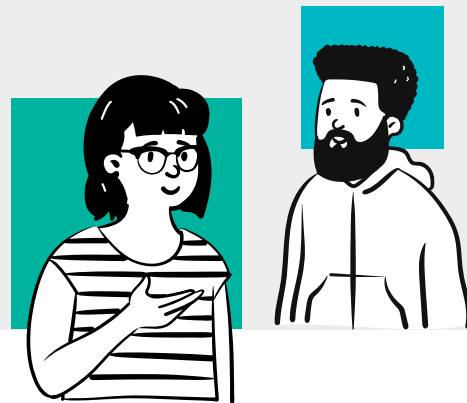


# Partners in Wellbeing



## 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

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

\_\_\_\_\_

Employment status

\_\_\_\_\_

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: