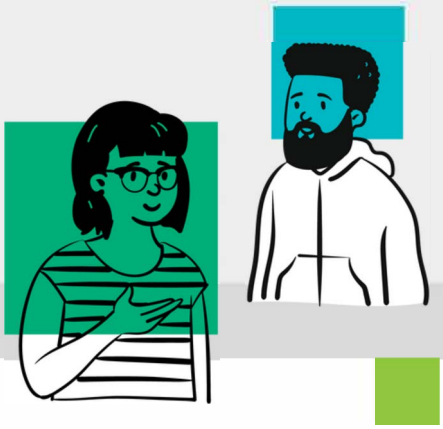
Partners in Wellbeing



Service Referral Form

Referral:

Select the service you would like to make referral for:

- ◉ **Partners in Wellbeing**
- ◉ **Mental Health & Wellbeing Local**
- ◉ **Mental Health & Wellbeing Hub**

*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.

Section 1 – General

1A – Referral Consent Options

Select the option that applies

- ◉ Self-Referral
- ◉ Professional Referral - Third Party

Tick to confirm:

- ☐ Verbal consent has been obtained to be referred to one of the above ticked services
- ☐ By submitting this referral, you agree that you have read the privacy statement available by following the link: Privacy statement

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

1C – Participant information

Full name

Preferred name

Gender — Select

Preferred Pronouns — Select

DOB

Address

Suburb & Postcode

Email

Primary phone

Is it safe to leave a message? — Select

Preferred contact method — Select

Aboriginal/Torres Strait Islander — Select

Country of birth

Interpreter required? — Select

Language

Australian resident? — Select

Cultural Background/Ethnicity

1D – Emergency contact

Full name

Relationship to participant

Contact number

Email

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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

Select

Current income source

Select

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

2D – Current Support

Please provide details of current professional supports and other informal supports

2E - 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

Section 3 – Immediate Needs

3A - Immediate needs

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

Yes No

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 based on Local Government Area (LGA):

Submit — LGA: Moreland, Melbourne, Hume, Yarra, Hobsons Bay, Wyndham. Melton, Brimbank, Maribyrnong. Frankston, Kingston, Bayside, Monash, Glen Eira, Port Phillip, Stonnington, Mornington Peninsula

Submit — LGA: Darebin, Boroondara, Banyule, Niliumbik, Greater Dandenong, Casey, Cardinia Shire, Whitehorse, Maroondah, Manningham, Monash, Knox, Yarra Ranges, Whittlesea

Submit — LGA: Barwon South West, Gippsland, Grampians, Hume, Loddon Mallee

Alternatively, you can email to: partnersinwellbeing@neaminational.org.au