

## Referral Form

People who are eligible:

- People with low income (e.g. health care card holders)
- People experiencing perinatal depression
- People in areas impacted by natural disaster (e.g. drought)
- People who live in rural or remote areas
- People who identify as Aboriginal and/or Torres Strait Islander
- People who identify as LGBTIQ+
- People from cultural and linguistically diverse (CALD) backgrounds
- Children under the age of 12 years
- People experiencing short-term displacement or homelessness
- People not in receipt of a NDIS plan
- People experiencing or at risk of domestic violence

\*Please note a referral to headspace for children over 12 years of age is recommended.

<b>Title:</b>	<b>First Name:</b>	<b>Preferred Name</b>	<b>Surname:</b>

<b>DOB:</b>	<b>Gender:</b>	<b>Pronouns:</b>

<b>Address:</b>	<b>Phone:</b>	<b>Email:</b>

<b>Country of birth:</b>	<b>Main language:</b>	<b>Interpreter required:</b>

<b>ATSI:</b>	<b>Homeless:</b>	<b>NDIS:</b>

**Guardian u/16 and/or NOK**

<b>Name:</b>	<b>Phone:</b>	<b>Relationship:</b>

<b>Referrer Profession:</b>	<b>Name:</b>	<b>Phone:</b>	<b>Fax:</b>	<b>Organisation:</b>

<b>Suicide prevention referral:</b>	<b>Diagnosis:</b>	<b>Other Diagnosis:</b>

<b>AOD Use:</b>	<b>Main Substance:</b>	<b>Other Substance:</b>

# STEPTHRU CARE

Regional Care Partnerships - Mental Health and AOD



<b>Severity of symptoms:</b>	
<b>Risk of harm:</b>	
<b>Functioning:</b>	
<b>Co-existing conditions:</b>	

<b>Treatment / Recovery HX:</b>	
<b>Social and environmental stressors:</b>	
<b>Family and other supports:</b>	
<b>Engagement and motivation:</b>	