SWSPHN Mental Health Central Intake

Enquiries 1300 797 746 (1300 SWSPHN) Referrals **confidential fax line 4623 1796**

phn SOUTH WESTERN SYDNEY
An Australian Government Initiative

SWSPHN Psychosocial (non-clinical) Services Referral Form

Referrals cannot be accepted without a summary of mental health concerns (Section 6) and the consumer's, parent/carer or guardian signed consent (Section 7)

1. Referrer Details — PLEASE PRINT CLEARLY

Date:	Name:	Organisation:
Phone: Fax:	Position in organisation:	Suburb:
Relationship to consumer:		Email:

2. Consumer Details

Title:	First Name:	Last Name:	
Address:		Suburb:	Postcode:
Phone: H: M:	DOB:	Male ☐ Female ☐ Other ☐	
	Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐		
Country of Birth:	Language spoken at home (other than English): Interpreter required?		

3. Next of Kin:

Name:	Relationship:	Phone:

4.Current General Practitioner (GP):

Name:	Practice:	Phone:

5. Support

Do they have a current NDIS Package? Yes ☐ No ☐ Awaiting decision ☐	Are they a current consumer of any of the below mental health programs (please circle)? Yes ☐ No ☐ Partners in Recovery / Personal Helpers and Mentors / Day 2 Day Living (Harmony House & Flowerdale)

6. Psychosocial (non-clinical) Needs and Mental Health Concerns

Past/Present diagnosis of mental health condition, if any:

Past Hospital Admissions ☐

How often does the consumer experience mental health issues (eg. Often throughout the day/once a day/weekly etc):

Does the consumer's mental health impact on their everyday life? (eg. Social, personal or work life)

Please tick which psychosocial areas the consumer would like to work on:

- ☐ Friendships, social skills and family connection
- ☐ Finding and maintaining a home
- ☐ Managing daily living needs
- ☐ Financial management and budgeting
- ☐ Other (specify):
- ☐ Education and training goals
- ☐ Vocational skills and finding a job
- ☐ Physical wellbeing and exercise
- ☐ Building life skills including confidence and resilience

Has the consumer received support by a Mental Health Professional in the past? If so, how recent was this support?

Available SWSPHN Psychosocial Services

Program Name	Eligibility	Description
Connector **(National Psychosocial Support Measure)** **(Insert logo)**	Severe Mental Illness No NDIS package Psychosocial Support Needs Living in South Western Sydney	Provides non-clinical support to consumers to help them recover from their mental illness by addressing their goals. The flexible program includes: - A range of individual support & group work; - Several activities to improve social connections, build capacity & improve health & wellbeing; - Assist consumers to get the help they need; - Peer Workers & Recovery Support Workers. Connector has hubs across the area and provides mobile outreach. For more information refer to brochure (in development).

Please note: SWSPHN also provides a range of free Psychological Treatment and Psychological Programs.

Please visit https://www.swsphn.com.au/mentalhealth for more information & a referral form.

7. Consent

I, _____, (**consumer, parent/carer or guardian** name - please print clearly)

Consent to this referral and I agree to information about my mental health being recorded in my medical file and shared between the GP, South Western Sydney PHN Central Intake to assist in the management of my health care and the Mental Health Professional to whom I am referred.

I understand that SWSPHN will provide information that does not identify me, such as the types of service I receive, to the Department of Health to assist improvement of mental health services in Australia. (Delete if you do not consent to sharing of information with the Department of Health)

_____ **(consumer, parent/carer or guardian signature)**

Our Mental Health Central Intake Clinicians are happy to answer your questions regarding referral and treatment planning on **1300 797 746** (1300 SWS PHN)
Fax completed form with signed consumer consent to
mental health central intake confidential fax line **4623 1796**