Professional Referral Form

PARTNERS in RECOVERY
South Eastern Melbourne

Client Details

Name:	Given name:		Family name:		
Date of Birth:				☐ Actual ☐ Estimate	
Address:					
	Suburb:			Postcode:	
Phone:					
Gender:		Marital status:		Children:	
Country of Birth:		Language spoken:		Interpreter required?	☐ Yes ☐ No
Australian resident:	☐ Yes ☐ No ☐ Unsure ☐ Pending ☐ Other: (specify)				
Aboriginal/ Torres Strait Islander:	☐ Yes ☐ No ☐ Unsure				
NOK name:			Phone:		
Does the client have a carer? :	☐ Yes ☐ No ☐ Unsure ☐ Other (specify)				
Is the client currently participating in the NDIS?	☐ Yes ☐ No				

Referrer details

Referrer:		Agency:	
Phone:		email:	
Date of referral:			
Does your client meet the 5 criteria to be eligible for PIR?	☐ lives within the region (Greater Dandenong, Casey and Cardinia); ☐ have a diagnosed mental illness (or evidence of) that is severe in degree and persistent in duration; ☐ have complex needs that require services from multiple agencies; ☐ doesn't have existing coordination arrangements or requires additional support to meet their needs; ☐ have indicated willingness to participate in the PIR program.		

• Secure Fax: 1300 354 053 • Phone: 1800 862 363
• Post: Partners in Recovery at SEMPHN, 15 Corporate Drive, Heatherton, Vic 3202

Professional Referral Form

PARTNERS in RECOVERY
South Eastern Melbourne

Mental Health /Medical History

Current mental health diagnosis:				Year of diagnosis:	
Mental health status:	☐ Formal ☐ Informal	Last admission to hospital:		No of Inpatient admissions in last 2 yrs?	
Medical history:					
D & A Substance issues:					

Accommodation

Details of Accommodation:	☐ Homeless ☐ Private rental ☐ Boarding house ☐ Couch surfing ☐ Living with family ☐ Hospital ☐ SRS ☐ Other: (Specify)
Is the client's accommodation stable?	☐ Yes ☐ No ☐ Unsure

Education and Work History

Employment status:	☐ Employed ☐ Unemployed ☐ Studying
Source of Income:	☐ DSP ☐ Newstart ☐ Other pension ☐ Employment income ☐ Other (Specify)
Highest level of education:	
Transport:	☐ Licensed driver ☐ Public transport ☐ Friend and or family ☐ Other (Specify)

• Secure Fax: 1300 354 053 • Phone: 1800 862 363
• Post: Partners in Recovery at SEMPHN, 15 Corporate Drive, Heatherton, Vic 3202

Professional Referral Form

PARTNERS in RECOVERY
South Eastern Melbourne

Risk history

Legal/ Forensic issues?	
Any other risk factors?: (including risk factors to staff safety –aggression/ threats/behavioural issues/environmental risks)	

Other Professionals/Support services involved:

(Including names and contact details)

Name of Service	Contact Person	Contact Details

Summary of Client Needs:	☐ Accommodation ☐ Food ☐ Looking after the home ☐ Psychological distress ☐ Education ☐ Other (Specify)	☐ Self-care ☐ Daytime ☐ Physical health ☐ Psychotic symptoms ☐ Volunteering/Employment	☐ Cultural & Spiritual ☐ Safety to self/others ☐ AOD ☐ Relationship issues ☐ Financial/Benefits
Reason for referral:			
Summary of current presentation			
Is there any additional information we need to know?			

Please provide any information you feel is relevant to support this referral (e.g., past assessments, discharge summaries, risks and alerts etc. Please add pages and attachments as required.)

• Secure Fax: 1300 354 053 • Phone: 1800 862 363
• Post: Partners in Recovery at SEMPHN, 15 Corporate Drive, Heatherton, Vic 3202

Professional Referral Form

PARTNERS in RECOVERY
South Eastern Melbourne

PIR Consent and Authority to Exchange Information

Name:	Given name:	Family name:
Date of Birth:		☐ Actual ☐ Estimate
Address:		
	Suburb:	Postcode:

I authorise and consent to information held by pertaining to my:

- Personal history
- Health status
- Legal status

to be exchanged with **Partners in Recovery** for the purpose of referral to the program.

I consent to the referral and understand that this request can be withdrawn at any time.

Signature:		Date:
Witnessed by:		
Name:	Signature:	Date:

• Secure Fax: 1300 354 053 • Phone: 1800 862 363
• Post: Partners in Recovery at SEMPHN, 15 Corporate Drive, Heatherton, Vic 3202