

REFERRAL FORM

Partners in Recovery (PIR) provides assistance to adults with severe and persistent mental illness who have complex needs that require support from multiple agencies.

PIR aims to ensure services and supports from multiple sectors work in a more collaborative, coordinated, and integrated way.

As the National Disability Insurance Scheme (NDIS) rolls out nationally, the Partners in Recovery program will continue to ensure continuity of support to participants and assist in transitioning to this new service.

ELIGIBILITY CHECKLIST

Are you, or is the person you are referring:

25 years or over? Y N Unknown

Experiencing a severe mental health issue that has significantly impacted on health and wellbeing for over one year? Y N Unknown

Please provide details:

Requiring support from multiple agencies and have complex needs? Y N Unknown

Please provide details:

Requiring substantial support and assistance to engage with various services to meet needs? Y N Unknown

Requiring service coordination arrangements? Y N Unknown

CONSENT

Is the person referred consenting to be involved in the PIR program? Y N

Is the person referred consenting to share the above information with a PIR Support Facilitator for follow up? Y N

PARTICIPANT DETAILS

Referral date: / /

Name: _____ **D.O.B.** / / or estimated age:

Phone: _____ **Email:** _____

Gender: Male Female Intersex Trans
 Non-binary Other

How would you like to be contacted?
 Phone Email Post SMS

Alternative contact (name/phone/email):

Do you identify with any of the following:
 Aboriginal Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Culturally or linguistically diverse
 Neither Aboriginal or Torres Strait Islander
 Not stated

Do you identify with any of the following:
 Lesbian Gay Bisexual
 Queer Not stated Heterosexual
 Asexual Pansexual
 Other

INTERPRETER SERVICES

ACCOMMODATION

How well do you (the person being referred) speak English?
 Very well Well Not well Not at all

Length of time at current accommodation:
Years Months:

Is an interpreter required?
 Yes No
Language

Address: (if no fixed address please provide a place of contact):
.....
.....

SOURCE OF INCOME

- Disability Support Pension Other pension or benefit (not super) Paid employment
 Compensation payment Other (super, investments etc) Nil income
 Not known Not stated or inadequately described

REFERRER DETAILS (Please provide ALL details)

Source of referral: Self Family member / Friend / Carer Service provider Unknown / not stated
 Other (specify):

Referrer name:	Phone:
Organisation:	Fax:
Relationship at time of referral:	Will this relationship continue? <input type="checkbox"/> Y <input type="checkbox"/> N
Email:	

MENTAL HEALTH (Please provide ALL details)

Has there been a mental illness diagnosis?: Y N **(Please attach supporting documentation if available)**

If yes, details of diagnosis:

Have you ever been hospitalised for a mental health condition? Y N

If so, when was the last date of hospital admission: / /

(Please attach supporting documentation if available)

NDIS ELIGIBILITY

Is the person accessing support under the National Disability Insurance Scheme (NDIS)? Y N Unknown

SERVICES AND SUPPORTS

What assistance are you seeking from Partners in Recovery in supporting your mental health?

Are there any safety concerns or other issues we may need to be aware of?

Office use only

PIR ID key: Referral to organisation date: / /

Partner organisation:

Please fax completed Referral Form to: 07 3864 7546

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Any queries regarding privacy may be directed to our Privacy Officer: 07 3864 7555 / privacy@bsphn.org.au

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