Links to Wellbeing

Connected in wellbeing – referral form

Psychological therapies for people living with severe mental illness in Residential Aged Care Facilities

Date of referral: __ __ / __ __ / __ __

Consent to refer

(Referrals cannot be accepted without the consent of the person being referred)

I _____ the referrer, have discussed the proposed referral with the client/resident, and I am satisfied that they understand the proposed uses and disclosures of the information contained in the Referral Form and agree to this information being given to (program name). I understand that I can request a copy of this document once completed and that (program name) will store the information provided electronically.

Signed: **Date:**

Full name: Date of birth:

Gender:

RACF name and contact details: Is the RACF aware of referral? ☐ Yes ☐ No

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Aboriginal or Torres Strait Islander:

☐ Yes, Aboriginal but not Torres Strait Islander ☐ Yes, Torres Strait Islander but not Aboriginal

☐ Yes, both Aboriginal and Torres Strait Islander ☐ No, neither Aboriginal nor Torres Strait Islander

Main language spoken:

Interpreter required? ☐ Yes ☐ No *If yes, please provide details below:*

Next of Kin: GP name and contact:

If this referral is not being made by the residents GP, the GP must be informed and supportive of the referral. Has this occurred? ☐ Yes ☐ No

This program is not suitable for people experiencing dementia with severe cognitive features or delirium. Is the resident experiencing these issues? ☐ Yes ☐ No

Referrer details

Full name: Phone contact:

Organisation: Position:

Risk assessment section

Suicide risk:

Behaviours: Self-harm or other:

Referral criteria:

Does the resident have a mental health diagnosis which is severe in nature? ☐ Yes ☐ No

Referral information:

Assessments conducted (if completed):

Mental health diagnosis and relevant history:

Significant life events:

Family supports and history:

Protective factors/interests:

Any other relevant details:

Please send completed referral form by fax to 1300 580 249