Referral Form
Supporting Emotional Wellness in Aged Care (SEW)

Relationships Australia SOUTH AUSTRALIA

Date of referral:	Service type: ☐ Individual ☐ Group
Consent to Refer (referrals cannot be accepted without the consent of the person being referred): ss	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 SEW. I understand that I can request a copy of this document once completed and that SEW will store the information provided electronically. Signed Date

Client/Resident Details			
Full Name:		Date of Birth:	
Phone:		Gender:	☐ Female ☐ Male ☐ Other ☐ Not stated/inadequately described
RACF name and contact details (including residents room number if relevant):		Aboriginal or Torres Strait Islander?	☐ Neither Aboriginal or Torres Strait Islander origin ☐ Aboriginal but not Torres Strait Islander origin ☐ Torres Strait Islander but not Aboriginal origin ☐ Both Aboriginal and Torres Strait Islander origin ☐ Not stated/inadequately described
Country of Birth			
Main language spoken:		Interpreter required:	☐ Yes ☐ No
Date arrived at RACF:		NDIS Participant:	☐ Yes ☐ No

Referrer Details					
Full Name:			Organisation:		
Phone:			Email:		
Address:			Relationship to client/resident:		
Aware of referral:	Resident: ☐ Yes ☐ No	GP: ☐ Yes ☐ No	Next of Kin: ☐ Yes ☐ No	RACF: ☐ Yes ☐ No	Facility contact person (optional):

Support Person/Next of Kin Details			☐ As per referrer details
Full Name:		Phone:	
Relationship to client/ resident:		Phone (Mobile):	
Additional details:			

Referral/Assessment details: (Including engagement with supports and treatment, outcomes, duration of symptoms, any other relevant details)	
Main reason for referral. Please include any symptoms, how well they are coping, mental and physical health concerns (including medications), and other contributing factors.	
Mental health diagnosis & relevant history:	
Risk & Alerts:	**Suicidal ideation** (i.e. thoughts about suicide): Yes ☐ No ☐ **Suicidal intent** (i.e. intends to act on their thoughts): Yes ☐ No ☐ **A suicide plan** (i.e. has planned how they would suicide): Yes ☐ No ☐ **Is the resident a risk to others:** Yes ☐ No ☐ *Disclaimer – Please note: If a resident is at acute risk contact 000 or Mental Health Triage on 131465.*
Significant life events:	
Family supports & history:	
Social Networks & Hobbies:	

Other details (where not already provided above)

Please send completed document to MHRACF@rasa.org.au