**REFERRAL FORM**

**PRIVACY NOTICE:** Anglicare Central Queensland is collecting the personal information you supply on this form for the purpose of providing a service in response to a request. Your personal details will not be disclosed to any other person or agency external to Anglicare Central Queensland without your consent unless required or authorised by law.

**Referral Out  Referral In Send to:** intakementalhealth@anglicarecq.org.au

|  |  |  |
| --- | --- | --- |
| Healthy Minds | National Psychosocial Support | Warm Line |
| **\*People with NDIS Plans & active Commonwealth participants are ineligible for Healthy Minds & NPS Programs** | | |

**Referral sent from**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | Organisation | |  |
| Role |  | | | |
| Phone number |  | Date of referral | |  |
| Email |  | | | |
| Availability for collaborative care planning for Healthy Minds and NPS | | | Yes  No | |

**Completed referral form to be sent to**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Organisation |  |
| Role |  | | |
| Phone number |  | Date of referral |  |
| Email |  | | |

**Participant’s details**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | |  | | | | | | | | | | |
| Address | | |  | | | | | | | | | | |
| Date of birth | | |  | | | | | Gender | | | |  | |
| Phone | | |  | | | | | Mobile | | | |  | |
| Consent for referral | | | Yes  No | | | | | No of children | | | |  | |
| **If under 18 Parent/Guardian details** | | | | | Name | |  | | | | | | |
| Phone |  | | | | Address | |  | | | | | | |
| Consent given by Parent / Guardian | | | | | Yes  No | | | | | | | | |
| Cultural background | | | Indigenous  TSI  CALD  Other | | | | | | | | | | |
| Additional support for special needs required | | | Cultural  Physical  Intellectual  Communication  Other  Please specify: | | | | | | | | | | |
| Current Diagnosis | | |  | | | | | | | Persistant  Episodic | | | |
| Current Medications | | |  | | | | | | | | | | |
| Progress Notes Plan | | | Yes  No | | | | | Stable Accomdation | | | Yes  No | | |
| Emergancy Contacts (Minimum of 2 required for Warmline referrals) | | | | | | | | | | | | | |
| Name | |  | | Phone | |  | | | Relationship to Participant | | | |  |
| Name | |  | | Phone | |  | | | Relationship to Participant | | | |  |
| Name | |  | | Phone | |  | | | Relationship to Participant | | | |  |

**Reason for referral**

|  |  |
| --- | --- |
|  | |
| Co-morbidities |  |

**Any risk factors to be considered and strategies already in place**

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|  |

**Office use only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Referral accepted | Yes  No | | Date |  |
| Reason for declined referral | |  | | |
| Staff member name |  | | Service and location |  |

|  |  |
| --- | --- |
| **Information for Referrers**  AnglicareCQ are providers of the Commonwealth-funded *National Psychosocial Support (NPS)* and *Warmline* programs and the Qld Health-commissioned Individual & Peer-Based Group Recovery programs known, locally, as *Healthy Minds.* | |
| ***National Psychosocial Program (NPS)***  Referral Pathway:  For participants who satisfy eligibility criteria including but not limited to:   * Self-referral, friend or family, * Allied Health/Mental Health professionals, * Alcohol & Other Drug services, * Qld Police, * General Practitioners, * PHN funded clinical MH services.   Eligibility Criteria:   * Severe mental illness OR at risk of suicide * Reduced psychosocial functional capacity. * Aged 18-65. * Not assisted by/not eligible for entry to the NDIS and/or not eligible for NDIS entry. * Not a participant of existing community mental health programs   Service Provision:  Time limited (6 – 9 months) psychosocial support services focused on:   * Building capacity, * Individual and group-based support, * Achieving individual recovery goals.   ***Healthy Minds***  Referral for participants who satisfy eligibility criteria is through either the Central Queensland or Central West Hospital & Health Service.  Eligibility Criteria:   * Severe mental illness either episodic or persistent. * Individuals over 18yrs of age. * Accessing or has recently accessed mental health clinical care through a Hospital & Health Service * Not assisted by the NDIS.   Service Provision:  Over a 12-month period providing non-clinical, psychosocial support (individual & group-based), supporting people to achieve their recovery goals.   * Individual supports, * Individual & group peer work. | ***Group-Based Recovery Supports***  Entry to groups is by Internal referral ONLY and as determined by the individual as identified in their individual recovery plan.  Eligibility Criteria:  Active participant in the NPS or Healthy Minds programs.  Service Provision:  Program participants can access a range of group-based activities which focus on capacity building and skills training. Examples include:   * Social Inclusion, * Creative Expression, * Mindfulness & Movement, * Dialectical Behaviour Skills.   ***Warmline***  Referral Pathway:  For participants who satisfy eligibility criteria, including but not limited to.   * Self-referral, friend or family, * Allied Health/Mental Health professionals, * Alcohol & Other Drug services, * Qld Police/ Emergency services * General Practitioners.   Eligibility Criteria:   * Individuals who have suicide ideation. * Individuals who have attempted suicide.   Service Provision:  Telephone-based service offering:   * Conversational checklist * Distress support * Safety plan review * Emergency response to suicide risk status   Further information  Contact the Intake Team:  T: 1300 769 814  E: [intakementalhealth@anglicarecq.org.au](mailto:intakementalhealth@anglicarecq.org.au) |