

# SEMPHN Psychosocial Support Services

## National Psychosocial Support Program (NPS) Referral Form

Date:	Fax to: SEMPHN Access & Referral 1300 354 053
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<p>Q1 - Are you a consumer of NDIS?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p> <p>Q2 - Are you accessing state funded Mental Health Community Support Services (MHCSS) or other state funded mental health services?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p><i>If you have answered 'YES' to Q1 or 2 you are ineligible to access NPS.</i></p> <p><i>If you have answered 'NO' to Q1 <b>and</b> 2 and are within the SEMPHN catchment then please complete the below form.</i></p>
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Consumer Details	
Full Name:	Level of mental health need: <input type="checkbox"/> At risk <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Date of Birth:	Country of Birth:
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	
Phone (Mobile):  Phone (Home):	Aboriginal and/or Torres Strait Islander status: <input type="checkbox"/> Neither Aboriginal or Torres Strait Islander origin <input type="checkbox"/> Aboriginal but not Torres Strait Islander origin <input type="checkbox"/> Torres Strait Islander but not Aboriginal origin <input type="checkbox"/> Both Aboriginal and Torres Strait Islander origin <input type="checkbox"/> Not stated / inadequately described
Language(s) spoken at home:	Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address:  Suburb: Postcode: State: VIC	Local Government Area (LGA) for service delivery: <input type="checkbox"/> Bayside <input type="checkbox"/> Cardinia <input type="checkbox"/> Casey <input type="checkbox"/> Dandenong <input type="checkbox"/> Frankston <input type="checkbox"/> Glen Eira <input type="checkbox"/> Kingston <input type="checkbox"/> Mornington Peninsula <input type="checkbox"/> Port Phillip <input type="checkbox"/> Stonnington

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Referrer Details	
Full Name:	Organisation:
Job Title:	Fax:
Phone:	Email:
Address:	
Support Person(s) Details	
Full Name:	Relationship with Consumer:
Phone:	Phone (Mobile):
Full Name:	Relationship with Consumer:
Phone:	Phone (Mobile):

### Assessment

Reason for referral
<i>Please highlight psychosocial needs that need to be addressed</i>

  

Summary of Consumer's Needs:	
<input type="checkbox"/> Accommodation	<input type="checkbox"/> Psychotic symptoms
<input type="checkbox"/> Food	<input type="checkbox"/> Volunteering/employment
<input type="checkbox"/> Looking after the home	<input type="checkbox"/> Daytime activities
<input type="checkbox"/> Psychological distress	<input type="checkbox"/> Physical health
<input type="checkbox"/> Education	<input type="checkbox"/> Cultural and spiritual
<input type="checkbox"/> Self-care	<input type="checkbox"/> Relationships issues
<input type="checkbox"/> Financial	<input type="checkbox"/> Other

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Accommodation	
<b>Type of Accommodation:</b>	
<input type="checkbox"/> Homeless	<input type="checkbox"/> Couch surfing
<input type="checkbox"/> Private rental	<input type="checkbox"/> Hospital
<input type="checkbox"/> Living with family/friends	<input type="checkbox"/> SRS
<input type="checkbox"/> Boarding house	<input type="checkbox"/> Other (specify)
<b>Is the consumers accommodation stable?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	
Education & Work History	
<b>Employment Status:</b>	
<input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Studying	
<b>Source of Income:</b>	
<input type="checkbox"/> DSP <input type="checkbox"/> Newstart <input type="checkbox"/> Other pension <input type="checkbox"/> Employment income <input type="checkbox"/> Other (specify)	
<b>Highest Level of Education:</b>	
<b>Transport</b>	
<input type="checkbox"/> Licensed driver <input type="checkbox"/> Public transport <input type="checkbox"/> Friend of family <input type="checkbox"/> Other (specify)	

Psychosocial Assessment
<b>Mental Health Diagnosis (including year, if known):</b>  
<b>Mental Health History (including inpatient admissions/case manager involvement):</b>  
<b>Relevant Medical History:</b>  
<b>Current Medications:</b>  

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**Family/Social History/Formal/Informal Supports:**

**Legal/Forensic Issues:**

**Substance Use:**

### Current Mental State Examination

*Consider appearance and general behavior, mood, thinking, affect, perceptions, sleep, cognition, appetite, attention and concentration, motivation and energy, memory, judgement, insight, anxiety symptoms, orientation, speech*

### Risk Assessment

*Consider suicidal ideation; suicide history; suicidal intent; risk of self-harm; risk to others*

Consumers who are at **acute** or **immediate risk** of suicide or self-harm should be referred to an Emergency Department / Acute Mental Health service.

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Emergency Care Plan: Important Numbers			
Mental Health Advice Line	1300 280 737	Suicide Line	1300 651 251
OCD & Anxiety Help Line	1300 269 438	Suicide callback service	1300 659 467
Domestic Violence Line	1800 737 732	Lifeline	13 11 14
GP After Hours Support Line	1800 022 222	DirectLine (Drug & Alcohol) <i>Also good for carers or support persons</i>	1800 888 236
Men's Line	1300 789 978	Gambling Helpline	1800 858 858
Family Referral Service	1800 066 757	Beyond Blue	1300 224 636

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### Consent

I, \_\_\_\_\_ give consent for:

The South Eastern Melbourne PHN (SEMPHN) to seek, collect and share information about my health and wellbeing and for this information to be disclosed to the health provider(s) to whom I will be referred:

Yes       No

Patient Signature	
Date	

I, \_\_\_\_\_ have discussed the proposed referral(s) with the patient, and I am satisfied that the patient understands the proposed uses and disclosures, and the patient has provided their informed consent for these proposed uses and disclosures.

Referrer Signature	
Date	

Fax this referral form to SEMPHN Access & Referral on:  
**Fax: 1300 354 053**

For enquiries, call SEMPHN Access & Referral on **1800 862 363** or visit  
**[semphn.org.au/access](http://semphn.org.au/access)**

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