

CONSUMER			Date of Referral	
First Name		Last Name		
Date of Birth		Email		
Street Address		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/> Unstated	
Suburb	Postcode	GP Name		
Daytime Phone No		Consent to referral	<input type="checkbox"/> YES <input type="checkbox"/> NO	

Does the person being referred meet the following minimum **NSPIR Eligibility Criteria**?

- Living with a severe and persistent mental illness.
- Requiring assistance with multiple services and support that they are not currently receiving.
- Willing to participate in NSPIR program.

REFERRER				
First Name		Last Name		
Organisation/Practice		OR Self-referral <input type="checkbox"/>	Family/Friend/Carer <input type="checkbox"/>	
Position/Role		OR Relationship to consumer:		
Street Address				
Suburb	Postcode	State	NSW	
Daytime Phone No.		Email		

ADDITIONAL CONSUMER INFORMATION				
Aboriginal	<input type="checkbox"/> YES <input type="checkbox"/> NO		Torres Strait Islander	<input type="checkbox"/> YES <input type="checkbox"/> NO
Country of birth		Main language spoken at home?		
Communication support required?	<input type="checkbox"/> NO <input type="checkbox"/> YES, please specify:			
Employment Status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Benefits, please specify:			
Is there anything we should be aware of when visiting the home?	<input type="checkbox"/> NO <input type="checkbox"/> YES, please specify:			

CLINICAL INFORMATION	
Mental Health Diagnosis	Current Medications

REASON FOR REFERRAL	
How can NSPIR assist?	

CURRENT SERVICES INVOLVED			<i>(attach additional sheet if necessary)</i>
Agency	Service Type	Record contact details or other relevant info	

FAMILY, FRIEND OR CARER INFORMATION			
Who does the consumer nominate to be a contact for the NSPIR team to communicate with to support the consumer (if needed)?			
Name		Daytime Phone #	
Relationship		Email	

Please submit this form with any accompanying documentation by fax to 1300 0 NSPIR - Enquiries? Please call 02 9477 8700