COVID Home Isolation Support Service (CHISS)

REFERRER DETAILS				Date of Referral	
Title & First Name			Last Name		
GP Practice/Organisation			Provider #		
Address				Post Code	
Phone No.			Email		
Fax No.			HealthLink EDI		

PATIENT / CLIENT DETAILS		Time & Date of Isolation Commencement	am/pm / / 2022
First Name		Date of Birth	
Last Name		Preferred Name	
Address			Post Code
Phone No.		Email	
Consent to referral	☐ YES – patient has indicated their consent	Gender	☐ Male ☐ Female ☐ Other

Who PCCS can contact, if necessary (e.g., Carer, parent, next of kin, guardian, friend, emergency contact, case manager, support worker)

Name		Phone		Relationship	

ELIGIBILITY & RELEVANT INFORMATION (Please tick all that apply)

☐ YES – Client has tested positive for COVID-19 and is required to isolate at home OR is otherwise required to isolate at home ***AND ONE OR MORE OF THE FOLLOWING***

☐ YES – Client may be at low risk of mental ill health or has general health comorbidities

☐ YES – Client is experiencing social isolation or lack of connection

Primary Diagnosis	Other Relevant Diagnoses or Issues*	Other Services Involved
Current Medication		
	*You can also provide relevant plans/attachments	

REASON FOR ISOLATION SUPPORT & ADDITIONAL AREAS OF SUPPORT RECOMMENDED

☐ Emotional Wellbeing	☐ Social Connection	☐ Housing or Social Supports	☐ Families & Relationships	☐ Domestic Violence
☐ Physical Health / ADLs	☐ Food, Diet, or Lifestyle	☐ Financial Needs & Benefits	☐ Employment & Education	☐ NDIS & My Aged Care

Goals of Support

- What are the main opportunities/goals?
- What can we assist with?
- Any other relevant information

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KEY RELEVANT ISSUES (what else do we need to know and what should we avoid)	
Description of key presenting or underlying issues of relevance to this referral or other relevant information (e.g., cultural needs; medical; medication issues; developmental, functional; living skills; social; emotional; trauma, abuse and neglect; etc.)	
SAFETY ALERTS - Are there any risk factors we should be aware of when meeting with or visiting the client? For example if there is a history of aggressive behaviour?	☐ YES – please provide details below or attach risk assessment ☐ NO ☐ UNKNOWN
Please tick all that apply.	☐ Risk of harm to self ☐ Risk of harm to other ☐ Mental Health Order ☐ Enduring Power of Attorney ☐ Not able to make own decision / Guardianship ☐ Orders relating to children ☐ Intervention Order / AVO ☐ Triggers / Trauma

CURRENT RISK OF HARM

☐ 0 – No identified risk ☐ 1 – Low risk ☐ 2 – Moderate risk ☐ 3- High risk

☐ **4 – **very high risk** (e.g., current suicidal ideation and plan OR long term history of dangerous behaviour OR current severe or disorganised thinking OR other imminent risks to wellbeing) – Please contact the **Mental Health Access Line** on **1800 011 511.**

ADDITIONAL CLIENT INFORMATION

Country of birth		Primary language	
Refugee Status	☐ YES ☐ NO ☐ UNKNOWN	Communication or support required?	☐ YES ☐ NO
Aboriginal	☐ YES ☐ NO *(If needed- tick both)*	Please specify any specific patient supports required	
Torres Strait Islander	☐ YES ☐ NO		
Does the person have caring responsibilities?	☐ YES ☐ NO ☐ UNKNOWN	Does the client have a disability or long term health condition?	☐ Long Term Health Condition ☐ Disability ☐ Frequent Attendance
Employment status	☐ Full-time ☐ Part-time ☐ Unemployed ☐ Pension	Please provide details of long term health conditions.	
CRN (Centrelink)		Recent Hospitalisation	☐ YES (Previous 12 Months) ☐ NO

WHAT IS COVID HOME ISOLATION SUPPORT (CHIS)?

COVID Home Isolation Support is a short-term service (up to two weeks) supporting people to access non-clinical, local, community based services to aid their wellbeing while they are required to isolate at home for a period of time as determined by the NSW Department of Health. These patients are eligible for this service if they are also experiencing social isolation or lack of connection, and low risk mental health or general health comorbidities, such as:

- People living with long term mental health issues and other chronic diseases
- People experiencing social isolation, depression or anxiety
- People who have had major life events such as loss of a partner, job, or house
- People wanting more physical activity or needing better access to healthy foods
- People more at risk of poor health outcomes associated with social determinants of health

Our team of **Social Workers** can assist patients to find supports, like assisting with **Support to Access Services** such as help with applications for Centrelink emergency payments and other social and welfare services; **Daily Living and Lifestyle Needs** like grocery shopping and prescription delivery, and online or phone based activities that promote health and wellbeing; and **Connecting Between Health Professionals** to meet or escalate healthcare requirements, and assist coordination of appointments.

RETURN REFERRAL TO:
HealthLink EDI: **gpsocial** *email: nswintake@pccs.org.au* *Fax: 1300 067 747* *Or Call Us On (02) 9477 8700*