

By consenting to this referral, the person is consenting to the sharing of their personal information. The information contained in the referral is used by the Head to Health Phone Service to: (1) deliver assessment and referral services, (2) for monitoring, aggregate reporting and evaluation purposes to improve quality and access to care. This information will be passed on to the recommended provider who will contact the person.

Please indicate the information in this form has been discussed with, and provided to, the patient:  Yes  No

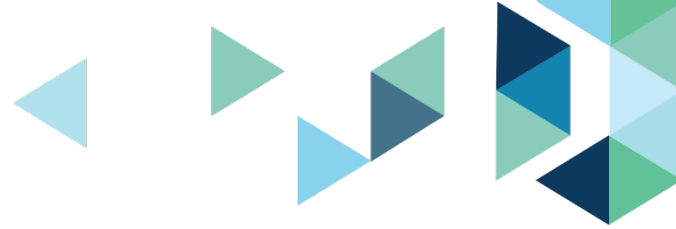
**Patient or Parent/Guardian/Carer consents to referral?**  Yes  No

**Referrer consents to the collection and storage of referrer details on internal database?**  Yes  No

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

PATIENT / CLIENT DETAILS	
First Name	Date of Birth
Last Name	Preferred Name
Address	
Post Code	
Phone No.	Email
Health Care/Pension Card <input type="checkbox"/> Yes <input type="checkbox"/> No Expiry date:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Aboriginal or Torres Strait Islander status:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither
Culturally & Linguistically Diverse (CALD) <input type="checkbox"/> Yes <input type="checkbox"/> No	Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No
Language spoken at home	
Is there a current Mental Health Treatment Plan in place? (If yes, please attach to this referral) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Name	Relationship to client <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Carer
Phone Number	Other:

REFERRAL NOTES
Mental health diagnosis



Medications	
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**KEY GOALS (what else do we need to know to support the individual moving forward)**

<p>What are the individual's key goals, and hopes for engaging in the program?</p> <p>What are the individual's strengths and support systems?</p> <p>Is there anything you or the individual would like us to know about how we can best meet their needs? (e.g., cultural needs; medical; medication issues; developmental, functional; living skills; social; emotional; trauma, abuse and neglect; etc.)</p>	
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**IDENTIFIED AREAS OF SUPPORT REQUIRED**

<input type="checkbox"/> Emotional Wellbeing	<input type="checkbox"/> Social Connection	<input type="checkbox"/> Housing or Social Supports	<input type="checkbox"/> Families & Relationships	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Physical Health / ADLs	<input type="checkbox"/> Food, Diet, or Lifestyle	<input type="checkbox"/> Financial Needs & Benefits	<input type="checkbox"/> Employment & Education	<input type="checkbox"/> NDIS & My Aged Care

<p><b>SAFETY ALERTS</b> - Are there any risk factors we should be aware of when visiting the home/client? For example if there is a history of aggressive behaviour?</p> <p>Please tick all that apply.</p> <p>Please attach any plans/history</p>	<p><input type="checkbox"/> YES - please provide details below or attach risk assessment    <input type="checkbox"/> NO    <input type="checkbox"/> UNKNOWN</p> <p><input type="checkbox"/> Risk of harm to self    <input type="checkbox"/> Risk of harm to other    <input type="checkbox"/> Mental Health Order</p> <p><input type="checkbox"/> Enduring Power of Attorney    <input type="checkbox"/> Not able to make own decision / Guardianship</p> <p><input type="checkbox"/> Orders relating to children    <input type="checkbox"/> Intervention Order / AVO    <input type="checkbox"/> Triggers / Trauma</p> <p><input type="checkbox"/> YES – I am attaching relevant medical history and/or current treatment plans</p>
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Plus Social Clinical Care Coordination is a comprehensive, high intensity clinical support service for people age 18+ who experience the impact of severe mental illness and are not currently case-managed or accessing Gold Coast Health mental health services. Up to 26 weeks clinical care coordination and wellbeing program that is structured, recovery and goal orientated focused on creating significant improvements in quality of life, health and wellbeing.