

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				
First Name		Date of Birth		
Last Name		Preferred Name		
Address				Post Code
Phone No.		Email		
Consent to referral	<input type="checkbox"/> YES – patient has indicated their consent		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> 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)				
<input type="checkbox"/> YES – Client is experiencing moderate or severe mental illness or psychological distress AND ONE OR MORE OF THE FOLLOWING <input type="checkbox"/> YES – Client has significant life stressors (e.g., stress from lockdowns, unemployment, HSC stress, poverty, family violence) <input type="checkbox"/> YES – Client has co-occurring physical health conditions, substance use issues, or cognitive impairment <input type="checkbox"/> YES – Client has had recent hospitalisation(s) or is at risk of hospitalisation <input type="checkbox"/> YES – Client is experiencing moderate to severe functional impacts (including at work, in school, or in day-to-day living) <input type="checkbox"/> YES – Client has limited supports or has a carer who requires support and assistance <input type="checkbox"/> YES – Client is experiencing difficulty navigating or accessing supports and services				
Primary MH Diagnosis	Other Relevant Diagnoses or Issues*		Other Services Involved	
Current Medication				
*You can also provide relevant plans/attachments				
REASON FOR SOCIAL PRESCRIPTION & AREAS OF SUPPORT RECOMMENDED				
<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
Goals of Social Rx Prescription - What are the main opportunities/goals? - What can we assist with? - Any other relevant information				

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?

Please tick all that apply.

☐ YES – please provide details below or attach risk assessment ☐ NO ☐ UNKNOWN

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

WHAT ARE SOCIAL Rx® and SOCIAL PRESCRIBING?

Social Rx, in partnership with the Head to Health Pop Up Hub in Northern Sydney, supports people to access non-clinical, local, community based services to improve their health, wellbeing and quality of life. This service is available to patients experiencing moderate to severe mental illness in the Northern Sydney PHN region, 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
- People who frequently use primary health care and other supports

Our team of **Social Workers** can assist patients to find supports, such as supporting **Access to Government Services** like the NDIS, MyAgedCare, NSW Housing & Centrelink; **Physical Activity Programs** like walking groups and lawn bowls; **Healthy Lifestyle/Food Programs** like Meals on Wheels, food banks and cooking classes; and **Social Programs & Services** like art classes, book clubs, coffee clubs, knitting groups, community centres.

RETURN REFERRAL TO: **HealthLink** EDI: **gpsocial**

Fax: 1300 067 747

Or Call Us On (02) 9477 8700