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| **WHAT IS VillagePlus AND Social Prescribing?** | | | | | | | | | |
| **VillagePlus** supports people to access non-clinical, local, community-based services to improve their health, wellbeing, and quality of life. **VillagePlus** Link Workers (social workers) can assist people to find supports such as:   * **New Parent Programs** like mother's groups, pram walking groups, baby massage classes, postnatal yoga * **Family Support Services** like playgroups, parenting classes, breastfeeding support, childcare assistance * **Social Programs & Services** like parent-baby activities, community centres, cultural groups, recreational programs * **Support to Access Government and Health Services** like Centrelink parenting payments, childcare subsidies, maternal health services, family support programs   Participants of **Social Prescribing** have reported improvements in health and wellbeing, quality of life, socialisation, financial wellbeing, work readiness, social contacts, health related behaviours, and day-to-day functioning, and reductions in frequency of health service utilisation, pain and mental ill health. See **DOI** [10.25082/AHB.2020.01.001 f](https://doi.org/10.25082/AHB.2020.01.001)or more info. | | | | | | | | | |
| **ELIGIBILITY CRITERIA** | | | | | | | | |
| Are pregnant (any gestational age) or up to 12 months postpartum  Are experiencing social, emotional, or practical challenges related to the perinatal transition  Are likely to benefit from increased social participation and community connection  Are able to engage with community-based supports and activities | | | | | | | | | |
| **REFERRER DETAILS** | | | | Date of Referral | | |  | |
| Referrer type  (tick one) | GP  Obstetrician/Specialist  Gidget Foundation  Midwife  Child & Family Health Nurse  Tresillian/Karitane   Community Health Service  Perinatal Mental Health Service  Self-referral ☐ Other: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Title & First Name |  | Last Name | |  | | | | |
| GP Practice/Organisation |  | Provider # | |  | | | | |
| Address |  | | | | | Post Code | |  | |
| Phone No. |  | Email | |  | | | | |
| Fax No. |  | HealthLink EDI | |  | | | | |
| **CLIENT DETAILS** | | | | | | | | | |
| First Name |  | Date of Birth | | |  | | | | |
| Last Name |  | Preferred Name | | |  | | | | |
| Address |  | | | | | Post Code | |  | |
| Phone No. |  | Email |  | | | | | | |
| Consent to referral | YES  NO | Gender | Male  Female  Other  Prefer not to say | | | | | | |
| Current pregnancy status | Pregnant (\_\_\_weeks)  Postpartum (baby \_\_\_ months old) | Child details | This is/will be 1st child  2nd child  3rd+ child | | | | | | |
| Number of children  in household |  | Partner Status | Partner/Married  Single parent  Other | | | | | | |
| Birth experience | Uncomplicated  Complicated  Traumatic  Prefer not to say  Not applicable | | | | | | | | |

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| **REASON FOR SOCIAL PRESCRIPTION & AREAS OF SUPPORT REQUIRED** | | | | | | | | | | | | | |
|  | Emotional Wellbeing | |  | Social Connection | |  | Housing or Social Supports | |  | Families & Relationships | |  | Domestic Violence |
|  | Physical Health / ADLs | |  | Food, Diet, or Lifestyle | |  | Financial Needs  & Benefits | |  | Employment & Education | |  | Childcare Services |
| **Goals of VillagePlus Support**   * What are the main   opportunities/goals for this family?   * What can we assist with? * Any other relevant information about the perinatal transition? | | | | |  | | | | | | | | |
| **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 and any key 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 visiting the home/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  Triggers / Trauma  Birth trauma/PTSD  Intervention Order/AVO  Postpartum psychosis risk   Infant safety concerns  Severe perinatal anxiety/depression  Child protection concerns | | | | | | | | |
| Please attach any plans/history | | | | | YES – I am attaching relevant medical history and/or current treatment plans | | | | | | | | |
| **ADDITIONAL CLIENT INFORMATION** | | | | | | | | | | | | | |
| Country of birth | |  | | | | | | Main language spoken at home? | | |  | | |
| Aboriginal | | YES  NO *(If needed- tick both)* | | | | | | Communication or support required? | | | YES  NO | | |
| Torres Strait Islander | | YES  NO | | | | | | Please specify any client needs | | |  | | |
| Does the client have a disability or long-term health condition? | | Long Term Health Condition  Disability   Frequent Attendance | | | | | | Caring responsibilities: | | | None  Children < 5yo  Children 5-9yo  Children 10-14yo  Children 15-18yo  Children with special needs  Elderly parents  Other family members | | |
| Please provide details of long-term health conditions. | |  | | | | | |
| CRN (Centrelink) | |  | | | | | | Employment status | | | Full-time  Part-time   Student  Maternity leave  Unemployed  Pension | | |