PCCS Psychosocial Supports referral form

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	☐ YES ☐ NO	Gender	☐ Male ☐ Female ☐ Other

REASON FOR SOCIAL PRESCRIPTION

Goals of Psychosocial Supports

- ✓ What are the main goals?
- ✓ What support does the person currently have?
- × If the person has an aged care plan or NDIS plan, they will not be eligible for Psychosocial Supports
- ✓ Any other relevant information

Psychosocial Supports runs for up to 12 weeks with non-medical, local and community-based services. What does the person want help with the most right now?

WHAT ARE PSYCHOSOCIAL SUPPORTS and SOCIAL PRESCRIBING?

The program supports people to access non-clinical, local, community based services to improve their health, wellbeing and quality of life. Many people can find this beneficial such as:

- People with long term health issues such as heart failure and COPD
- People experiencing social isolation, depression or anxiety
- 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 of primary health care and other supports

Social Prescribing Link Workers can assist people to find supports such as:

- **Physical Activity Programs** like walking groups, chair yoga, lawn bowling, Healthy Weight for Life
- **Healthy Lifestyle/Food Programs** like Meals on Wheels, food banks and cooking classes
- **Social Programs & Services** like art classes, book clubs, coffee clubs, knitting groups, community centres
- **Support to Access Government Services** like support with MyAgedCare, Housing applications and Centrelink applications

Participants 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 for more 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 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 ☐ Enduring Power of Attorney ☐ Not able to make own decision / Guardianship ☐ Orders relating to children ☐ Intervention Order / AVO ☐ Triggers / Trauma
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 specific client needs.	
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 6 Months) ☐ NO

PHYSICAL ACTIVITY ONLY (only complete for people seeking moderate to high intensity physical activities)			
Does the patient have any past or current medical conditions or needs (e.g., coronary heart disease, COPD, musculoskeletal, BMI over 30)?	☐ NO ☐ YES (If YES advise of any conditions we should be aware of below, e.g., EpiPens, epilepsy, fainting/dizzy spells, asthma inhaler, etc, and **attach any relevant medical history / plans**)		
Blood Pressure		**Resting Heart Rate**	
Is the person safely able to do physical activity?	**Please Note**: Exercise is contra-indicated for people with systolic BP above 180, diastolic above 100 or a resting heart rate above 100bpm. Any patient who has had a heart attack in the last 6 months should also have completed a cardiac rehabilitation program and had cardiological clearance before referral. ☐ I CONFIRM THAT THE PATIENT'S MEDICAL CONDITION IS STABLE AND THEY ARE ABLE TO DO PHYSICAL ACTIVITY.		

RETURN REFERRAL VIA MEDICAL OBJECTS TO: **MENTAL HEALTH GOLD COAST REFERRALS, MEDICARE (RG4220000HJ)**
Email: gctriage@pccs.org.au Fax: 07 3186 4099 Or Call Us On (07) 3186 4000