

Mental Health & Wellness Referral Form

IMS-P2-PR2-F38

Date	
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Details of Person Being Referred to Ruah Mental Health and Wellness Program

First Name					
Surname					
Preferred Name					
Pronouns					
Date of Birth					
Gender					
Current Address					
Telephone Number					
Email Address					
Country of Birth					
Aboriginal?	Yes	No	Torres Strait Islander	Yes	No
Cultural identity					
Main Language				Interpreter Required?	Yes No

Referrer Details

Name					
Position/Role					
Organisation Name					
Address					
Telephone Number					
Email Address					
Frequency of Contact with Referred Person					
Will you be providing ongoing clinical/case management support?	Yes	No			
<p>Note: 'Duty of care' for individuals referred to the program remains with the referrer until Ruah completes an intake assessment. If accepted to the program, then a shared model of responsibility will commence.</p> <p>For more information regarding this please contact the Engagement Team on 137 824 or email connecting@ruah.org.au</p>					

Mental Health and Wellbeing

Current mental health diagnosis			
Date of first diagnosis			
Impacts of diagnosis			
Details of hospital admissions			
BRA, Discharge Summary and Crisis Action Plan etc to be attached			
Is there a Community Treatment Order in place?	Yes	No	
Are there any PSOLIS alerts?	Yes	No	
If yes, provide details			

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Reason for Referral

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Co Morbidities

Physical Health Concerns	Yes	No
Details:		
Current/historical alcohol/substance use	Yes	No
Details:		
Intellectual Disability (Diagnosed?)	Yes	No
Details:		
Learning Disability (Diagnosed?)	Yes	No
Details:		
Cognitive Impairment	Yes	No
Details:		

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NDIS

Has this person been assessed for NDIS eligibility?	Yes	No
Details of when assessed / outcome etc:		

Current Living Arrangements

Current living arrangements	Alone	with family	with parents	with others	Other
Is the accommodation stable?					
Any safety issues?					

Other Agencies Involved

What, if any, other agencies are currently providing services?			
Agency name	Service provided	Contact person	Contact details

Safety and Security

Does the person have a history of harming themselves or others?	Yes	No	Details
Does the person have a history of suicidal ideation?	Yes	No	Details
Is the person at risk from someone else?	Yes	No	Details
Is there a history of family or domestic violence?	Yes	No	Details

Note: if issues of safety and security exist it will not necessarily preclude the individual from accessing services. Any safety and security issues identified will be further discussed with the referrer so that a support plan or risk management plan can be adopted.

Consent

Is the person aware and have they given consent for you to complete this referral on their behalf?	Yes	No
Does the person give permission for the release of their information to Ruah?	Yes	No
Does the person give permission for Ruah to contact them?	Yes	No
Please note that the referral will not be processed unless the above is confirmed		

Next of Kin/Emergency Contact

First Name	
Surname	
Contact Number	
Relationship	

Guardianship

Is there an enduring power of Guardianship in place?	Yes	No
Is there a Guardianship Order with the Public Advocate?	Yes	No
Is there an Administration Order with the Public Trustee?	Yes	No

Additional Information

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Completed form and accompanying documents may be submitted via:

Email: connecting@ruah.org.au

Postal: Post PO Box 8078 Subiaco East, WA 6008