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| **C:\Users\michellemc\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Outlook\E1SMEKM9\Connecting2community logo.jpg**  REFERRAL FORM |

**Referrals can be made by phone, email, fax or mail**

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| **Freecall:** 1800 056 400  **Email:** [gchrefer@grampianscommunityhealth.org.au](mailto:gchrefer@grampianscommunityhealth.org.au)  **Fax:**  (03) 5358 4113  **Mail:** Connecting2community,   8-22 Patrick St, Stawell, VIC 3380 |

*If you are not familiar with this program or are unsure of whether you are eligible to access Connecting2community, see below for the inclusion criteria.*

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| What is Connecting2community? |
| Connecting2community is a psychosocial support service co-designed by consumers, for consumers and delivered by peer workers, to inspire confidence and hope in others on their journey of recovery.  Connecting2community is a tailored & client-centred program that helps people achieve their goals to tackle their mental illness through individualised support, encouragement & advice. The program is provided by Ballarat Community Health & Grampians Community Health. |
| Who can access Connecting2community? |
| If you have a mental health condition, but are not yet connected to a supportive health service, you may be eligible for Connecting2community. You also need to answer yes to these questions. Are you:   * living in the Western Primary Health Network catchment area * living with a mental health condition * goal and recovery focused * not acutely unwell * aged between 18-65 years old * currently not participating in the NDIS * eligible for NDIS but waiting for an access decision or for your plan to begin |

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| Referral details |

Name: Click here to enter text. Preferred Name/s: Click here to enter text.

Date of birth: Click here to enter text. Is this an estimated date?  Yes  No

Gender:  Male  Female  Intersex or Indeterminate  Other

Address: Click here to enter text. Post Code: Click here to enter text.

Telephone: Click here to enter text. Mobile: Click here to enter text.

Referring Agency: Click here to enter text. Date of referral: Click here to enter a date.

Worker’s name: Click here to enter text. Telephone: Click here to enter text.

Email: Click here to enter text. Fax: Click here to enter text.

Identifies as LGBTQI? Yes  No

Country of birth: Click here to enter text. Indigenous status: Choose an item.

Main Language spoken: Click here to enter text. English proficiency: Choose an item.

Interpreter required? Yes  No

Homelessness: Choose an item. Work status: Choose an item.

Employment status: Choose an item. Source of cash income: Choose an item.

Health care card: Yes  No  NDIS participant: Yes  No

Marital status: Choose an item.

**Principal diagnosis**: Click here to enter text.

**Additional diagnosis:** Click here to enter text.

Prior mental health care? Yes  No

Is patient on Antipsychotics? Yes  No

Is patient on Anxiolytics? Yes  No

Is patient on Hypnotics? Yes  No

Is patient on Antidepressants? Yes  No

Is patient on Psychostimulants? Yes  No

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| Consent |

I consent to my information being provided by Western Victoria Primary Mental Health Network to the Department of Health for statistical and evaluation purposes designed to improve mental health services In Australia. I understand that this will include details about me such as date of birth, gender and types of services I use but will not include my name, address or Medicare number. I understand that my information will not be provided to the Department of Health if I do not give my consent.

I give my consent: Yes  No

Client signature:

Date of Consent: Click here to enter a date.

Further information: