SEMPHN Psychosocial Support Services:

Commonwealth Psychosocial Support (CPS) Referral Form

Date:	Fax to: SEMPHN Access & Referral 1300 354 053

Q1 - Are you a consumer of NDIS? ☐ YES ☐ NO Q2 - Are you accessing state funded Mental Health Community Support Services (MHCSS) or other state funded mental health services? ☐ YES ☐ NO	*If you have answered **'YES'** to Q1 or 2 you are ineligible to access CPS.* *If you have answered **'NO'** to Q1 **and** 2 and are within the SEMPHN catchment then please complete the below form.*

Consumer Details	
Full Name:	Level of mental health need: ☐ At risk ☐ Mild ☐ Moderate ☐ Severe
Date of Birth:	Country of Birth:
Gender: ☐ Female ☐ Male ☐ Other	
Phone (Mobile): Phone (Home):	Aboriginal and/or Torres Strait Islander status: ☐ Neither Aboriginal or Torres Strait Islander origin ☐ Aboriginal but not Torres Strait Islander origin ☐ Torres Strait Islander but not Aboriginal origin ☐ Both Aboriginal and Torres Strait Islander origin ☐ Not stated / inadequately described
Language(s) spoken at home:	Interpreter required: ☐ Yes ☐ No
Home Address: Suburb: Postcode: State: VIC	Local Government Area (LGA) for service delivery: ☐ Bayside ☐ Cardinia ☐ Casey ☐ Dandenong ☐ Frankston ☐ Glen Eira ☐ Kingston ☐ Mornington Peninsula ☐ Port Phillip ☐ Stonnington

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Referrer Details	
Full Name:	Organisation:
Job Title:	Fax:
Phone:	Email:
Address:	
Support Person(s) Details	
Full Name:	Relationship with Consumer:
Phone:	Phone (Mobile):
Full Name:	Relationship with Consumer:
Phone:	Phone (Mobile):

Assessment

Reason for referral	
Please highlight psychosocial needs that need to be addressed	
Summary of Consumer's Needs:	
☐ Accommodation	☐ Psychotic symptoms
☐ Food	☐ Volunteering/employment
☐ Looking after the home	☐ Daytime activities
☐ Psychological distress	☐ Physical health
☐ Education	☐ Cultural and spiritual
☐ Self-care	☐ Relationships issues
☐ Financial	☐ Other

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Accommodation

Type of Accommodation:

☐ Homeless ☐ Couch surfing

☐ Private rental ☐ Hospital

☐ Living with family/friends ☐ SRS

☐ Boarding house ☐ Other (specify)

Is the consumers accommodation stable?

☐ Yes ☐ No ☐ Unsure

Education & Work History

Employment Status:

☐ Employed ☐ Unemployed ☐ Studying

Source of Income:

☐ DSP ☐ Newstart ☐ Other pension ☐ Employment income ☐ Other (specify)

Highest Level of Education:

Transport

☐ Licensed driver ☐ Public transport ☐ Friend of family ☐ Other (specify)

Psychosocial Assessment

Mental Health Diagnosis (including year, if known):

Mental Health History (including inpatient admissions/case manager involvement):

Relevant Medical History:

Current Medications:

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Family/Social History/Formal/Informal Supports:
Legal/Forensic Issues:
Substance Use:

Current Mental State Examination
Consider appearance and general behavior, mood, thinking, affect, perceptions, sleep, cognition, appetite, attention and concentration, motivation and energy, memory, judgement, insight, anxiety symptoms, orientation, speech
Risk Assessment
Consider suicidal ideation; suicide history; suicidal intent; risk of self-harm; risk to others
Consumers who are at **acute** or **immediate risk** of suicide or self-harm should be referred to an Emergency Department / Acute Mental Health service.

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Emergency Care Plan: Important Numbers			
Mental Health Advice Line	1300 280 737	Suicide Line	1300 651 251
OCD & Anxiety Help Line	1300 269 438	Suicide callback service	1300 659 467
Domestic Violence Line	1800 737 732	Lifeline	13 11 14
GP After Hours Support Line	1800 022 222	DirectLine (Drug & Alcohol) *Also good for carers or support persons*	1800 888 236
Men's Line	1300 789 978	Gambling Helpline	1800 858 858
Family Referral Service	1800 066 757	Beyond Blue	1300 224 636

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Consent

I, give consent for:

The South Eastern Melbourne PHN (SEMPHN) to seek, collect and share information about my health and wellbeing and for this information to be disclosed to the health provider(s) to whom I will be referred:

☐ Yes ☐ No

Patient Signature	
Date	

I, have discussed the proposed referral(s) with the patient, and I am satisfied that the patient understands the proposed uses and disclosures, and the patient has provided their informed consent for these proposed uses and disclosures.

Referrer Signature	
Date	

Fax this referral form to SEMPHN Access & Referral on:

Fax: 1300 354 053

For enquiries, call SEMPHN Access & Referral on **1800 862 363** or visit **semphn.org.au/access**

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