# 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?<br>☐ YES<br>☐ NO<br>Q2 - Are you accessing state funded Mental Health Community Support Services (MHCSS) or other state funded mental health services?<br>☐ YES<br>☐ NO | *If you have answered **'YES'** to Q1 or 2 you are ineligible to access CPS.*<br><br>*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:<br>☐ At risk ☐ Mild ☐ Moderate ☐ Severe |
| Date of Birth: | Country of Birth: |
| Gender: ☐ Female ☐ Male ☐ Other | |
| Phone (Mobile):<br><br>Phone (Home): | Aboriginal and/or Torres Strait Islander status:<br>☐ Neither Aboriginal or Torres Strait Islander origin<br>☐ Aboriginal but not Torres Strait Islander origin<br>☐ Torres Strait Islander but not Aboriginal origin<br>☐ Both Aboriginal and Torres Strait Islander origin<br>☐ Not stated / inadequately described |
| Language(s) spoken at home: | Interpreter required:<br>☐ Yes ☐ No |
| Home Address:<br><br>Suburb:<br>Postcode:<br>State: VIC | Local Government Area (LGA) for service delivery:<br>☐ Bayside ☐ Cardinia<br>☐ Casey ☐ Dandenong<br>☐ Frankston ☐ Glen Eira<br>☐ Kingston ☐ Mornington Peninsula<br>☐ 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. |

# SEMPHN Psychosocial Support Services

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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)<br>*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 |

# SEMPHN Psychosocial Support Services

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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 | |

**Please download and save this referral form, and then upload to SEMPHN's online Access & Referral portal via**

**semphn.org.au/referral-form**

If you cannot upload digitally, referrals can be faxed to 1300 354 053

For enquiries call SEMPHN's Access & Referral Team on 1800 862 363 or visit semphn.org.au/access

Please note that we **DO NOT** accept referrals via email.

**SEMPHN's Access & Referral does not provide after-hour or emergency advice or support.**

If you or a consumer requires urgent assistance, please contact the appropriate crisis support service in your area or call 000.



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