Individual Support Referral Form
Mental Health

The Individual Support Programs (formerly Psychosocial & Peer Support) provide outreach supports to individuals aged 18 - 65 years with enduring mental health challenges, living in the Swan and North Metropolitan Health service area. Supports are provided in line with the Mental Health Commission Outcome Statements, a copy of which can be found here.

Eligibility:

- Individuals can be in a range of accommodation settings, including community housing, private rentals, own homes and alternate living arrangements.
- They must have guaranteed on-going clinical support.
- They must require support to live successfully in the community.

Individual's Details			
First Name		Preferred Name	
Last Name:		Date of Birth:	
Address:			
Phone:			
Email:			
Aboriginal/Torres Strait Islander:	☐ Yes ☐ No	CALD Background:	☐ Yes ☐ No
Language spoken at home:		Interpreter required:	☐ Yes ☐ No
Next of Kin:			
Any dependents:	☐ Yes ☐ No		
Does the individual have a carer/guardian: if yes please provide details:		☐ Yes ☐ No	
Guardianship or Administration order in place: if yes please provide details:		☐ Yes ☐ No	

Referrer Details		
☐ Psychologist ☐ Psychiatrist	☐ Social Worker ☐ GP	☐ Mental Health Clinic ☐ Other
Name:		
Practice/Clinic:		
Address:	Post code:	
Phone:		
Email:		

Other supports			
GP:		Phone:	
Psychiatrist:		Phone:	
Psychologist:		Phone:	
Is the individual currently receiving any other supports or services?			

Current Living Arrangements (lives alone, with family etc.)

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Serious and persistent Mental Illness:		☐ Yes ☐ No	
Primary diagnosis:		Date of diagnosis:	
Secondary diagnosis:		Date of diagnosis:	
Mental health and wellbeing history i.e., hospital admissions, early warning signs, case management strategies?			
What goals has the individual identified that they would like support with i.e., employment, recovery planning, accessing community supports?			
Are there any functional impacts on daily life skills, social interactions and independence?			

Health Information – co existing health issues			
Alcohol or Drugs use	☐ Yes ☐ No	Physical disability	☐ Yes ☐ No
Acquired Brain Injury	☐ Yes ☐ No	Intellectual Disability	☐ Yes ☐ No
If yes to any of the above, please provide further details:			
Please give details of any other health concerns:			

Other relevant information	
Disability Support Pension?	☐ Yes ☐ No
NDIS eligibility tested? *If yes what was the outcome?*	☐ Yes ☐ No
Legal/Forensic Issues? *If yes please provide details*	☐ Yes ☐ No
Any other information:	

Consent to referral

By signing below, the individual being referred has agreed that their information be shared with Rise for the purpose of assessing eligibility to receive Rise Individual Supports.

Individual's/ representative's signature: _____ Date: _____

Referrer's signature: _____ Date: _____

Please return this referral with a copy of a recently completed risk assessment to the Intake Team
Email: howcanwehelp@risenetwork.com.au
Phone: 0436 686 897