Expressions of Interest Referral Form

THE RIVERS PROGRAM

The Rivers Program aims to deliver a wide range of enriching peer led group activities and experiences to people all over the Perth metropolitan area who are aged between 16-65 and identify that their mental health impacts on their personal wellbeing.

Do you have an active NDIS plan? ◯ Yes ◯ No
Currently, we are unable to take on potential participants with an active NDIS plan.

Client Details			
First Name:		Surname:	
Preferred Name:		Date of Birth:	
Address:			
Email:			
Phone / Mobile:			
Gender:		Pronoun/s:	
Country of Birth:		Preferred Language:	
Do you identify yourself as being:	◯ Aboriginal ◯ Neither ◯ Torres Strait Islander ◯ Prefer not to say		
Do you identify with a particular Ethnicity:	◯ Yes ◯ No If yes, please provide details:		
Do you identify as part of the LGBTIQA+ community:	◯ Yes ◯ No ◯ Prefer not to say		

Emergency Contact Details			
Name:		Relationship:	
Phone / Mobile:			
Address:			
Email:			
Do you have a carer/guardian:	◯ Yes ◯ No If yes, please provide details:		

Referrer Details			
◯ Clinical Mental Health	◯ Social Worker	◯ Self-referral	◯ General Practitioner
Name:		Position:	
Practice / Clinic:			
Address:			
Phone / Mobile:			
Email:			

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Mental Health	
Does your mental health impact your wellbeing?	◯ Yes ◯ No
Does this impact on daily life skills, social interactions, and independence?	◯ Yes ◯ No
	If yes, please provide details:

Co-existing Health			
Alcohol or Drug Use	◯ Yes ◯ No	Acquired Brain Injury	◯ Yes ◯ No
Physical Disability	◯ Yes ◯ No	Intellectual Disability	◯ Yes ◯ No
If yes to any of the above, please provide details:			
Please provide details of any other health concerns:			

Consent to Referral	
The individual being referred has agreed that their information be shared with Rise and associated agencies connected to the delivery of the group activities.	◯ Yes ◯ No
The individual being referred agrees and acknowledges that the above consent will be valid indefinitely unless stated otherwise or withdrawn in writing by the client or legal guardian.	◯ Yes ◯ No

Requested Services / Other Information

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