pathways southwest
Towards better mental health

Pathways SouthWest
REFERRAL FORM

WHAT WE DO

Pathways SouthWest is a community mental health service, providing non-clinical recovery support for adults (over 18 years old) with severe and persistent mental health disorders. Individuals will receive individual engagement with a Recovery Worker to assist you through the mental health system. We will advocate for you, help you achieve your recovery and wellbeing goals, address self-stigma issues and strengthen illness management skills. Social peer group and support programs are also available.

Date of referral:

PARTICIPANT DETAILS		
First Name	Surname:	D.O.B
Address:	Country of birth:	☐ Aboriginal/ Torres Str ☐ CALD ☐ Requires interpreter Language :
Contact numbers:	(M)	(OTHER)
Email:		
Gender ☐ Male ☐ Female ☐ Other	Religious / Cultural considerations	
Reason for referral *(Tick all that are relevant)*	☐ Pathways Recovery Program ☐ Pathways Housing Program ☐ COPE Psychoeducational program (DBT informed) ☐ NDIS Psychosocial Supports	
Does client have an NDIS plan in place?	☐ YES NDIS NUMBER:	
If NO, does client wish to apply for NDIS?	☐ NO ☐ Yes	
Application for NDIS will be made on what grounds?		
Does client have Legal representation	☐ EPOA ☐ GUARDIANSHIP ORDER ☐ SAT ☐ NIL	
Legal details		
Income source	☐ Aged ☐ Dsb ☐ Carer ☐ Job Sk ☐ Parent ☐ Yth ☐ Vet	

EMERGENCY CONTACT		
First Name :	Surname :	Relationship :
Contact numbers	(M)	(Other)
Email address		

REFERRER DETAILS *(Who is filling out this form?)*		
First Name :	Surname :	Organisation / Practice name
☐ GP ☐ Psychiatrist	☐ SWMHS Worker	☐ Psychologist
Contact numbers	(M)	(Other)
Email address		

Please tick each appropriate box

APPLICATION CRITERIA
☐ A severe and persistent mental illness (for example psychosis);
☐ High risk of relapse and associated history of multiple hospitalisations;
☐ Significant impairments in social, family, personal and occupational functioning that require intensive, ongoing support to enhance and maintain recovery;
☐ Limited family and social support networks;
☐ Comorbid substance use and/or physical illness
☐ Reliance upon, and contact with, multiple agencies
☐ Requirement for support from multiple sectors – such as housing and employment

NOTE: All applications require clinical support.

CLINICAL SUPPORT *(Who is supporting this Participant clinically?)*		
First Name	Surname	Organisation / Practice name
☐ GP ☐ Psychiatrist ☐ SWMHS Worker ☐ Other		
Contact numbers	(M)	(Other)
Email address		

GP DETAILS		
First Name :	Surname :	Practice :
Contact numbers :	(Rooms)	(Other)
Email address:		

HEALTH PROFESSIONAL TO COMPLETE :			
Primary diagnosis	☐ Anxiety ☐ BiPolar ☐ BPD ☐ Depression	☐ DID ☐ GAD ☐ Int. Disability ☐ OCD	☐ PTSD ☐ Schizophrenia ☐ ☐
Secondary diagnosis/comorbidities	☐ Anxiety ☐ BiPolar ☐ BPD ☐ Depression	☐ DID ☐ GAD ☐ Int. Disability ☐ OCD	☐ PTSD ☐ Schizophrenia ☐ Trauma ☐
Hallucinations	☐ NIL ☐ Auditory ☐ Visual	☐ Command ☐ Violent Command	
Identified /known triggers (List if known)			
Onset of illness	Year	Age	
Brief history of Mental Illness			

Factors that may increase risk of becoming unwell	*(Describe)*	
General medical history (Co-morbidities)	*Please describe significant medical issues*	
Current medication (Provide a list if necessary)	*(incl. non-pharmaceutical and natural remedies)*	
Hospitalisation in the last 2 years?	YES ☐ NO ☐ *(Describe)*	
Allergies / Adverse drug reactions	*(incl. non-medical allergies)*	
History of self-harm/suicidality	*Note recent occurrences. Please complete risk assessment below.*	
Drug use	Current ☐ YES ☐ NO Past ☐ YES ☐ NO	*(Describe)*
Alcohol use	Current ☐ YES ☐ NO Past ☐ YES ☐ NO	*(Describe)*
Living situation and supports	☐ Lives alone ☐ Lives with others	☐ Requires accommodation ☐ In supported living
Are there special concerns e.g. Hep C, HIV, epilepsy, diabetes, allergies, etc?	YES ☐ NO ☐ *(Describe)*	
List current community supports		
Legal issues *(Document current legal orders e.g. Guardianship, Protective Office, document past, current, pending court cases, conviction for violent offences)*	CTO ☐ YES ☐ NO VRO ☐ YES ☐ NO *(Describe)*	

RISK ASSESSMENT

NOTE TO REFERRER

- Please note: Referrals will not be actioned without an accompanying Risk Assessment.
- Please complete the Risk Assessment below.

GENERAL

Background factors	Y (1)	N (0)	? (0)	**Current factors**	Y (2)	N (0)	? (0)
Major psychiatric illness	☐	☐	☐	Disorientation or disorganisation	☐	☐	☐
Diagnosed personality disorder	☐	☐	☐	Disinhibition/intrusive/impulsive	☐	☐	☐
Serious medical condition	☐	☐	☐	Significant physical pain	☐	☐	☐
Intellectual disability/cognitive deficits	☐	☐	☐	Other (specify)			
Significant behavioral disorder (<18 years)	☐	☐	☐		☐	☐	☐
Childhood abuse/maladjustment	☐	☐	☐		☐	☐	☐
Total				Total			

☐ **Low(<7)** ☐ **Mod (7-14)** ☐ **High (>14)**

ADDITIONAL INFORMATION (INCLUDING PROTECTIVE FACTORS)

SUICIDAL IDEATION

Background factors	Y (1)	N (0)	? (0)	**Current factors**	Y (2)	N (0)	? (0)
Previous attempt(s) on own life	☐	☐	☐	Expressing suicidal ideas	☐	☐	☐
Previous serious attempt	☐	☐	☐	Has plan / intent	☐	☐	☐
Family history of suicide	☐	☐	☐	Expresses high level of distress	☐	☐	☐
Significant alcohol/drug use history	☐	☐	☐	Hopelessness/perceived loss of coping or control over life	☐	☐	☐
Major physical disability/illness	☐	☐	☐	Recent significant life evens	☐	☐	☐
Separated/widowed/divorced	☐	☐	☐	Reduced ability to control self	☐	☐	☐
Loss of job / retired	☐	☐	☐	Current misuse of drugs/alcohol	☐	☐	☐
Total				Isolation/lack of supports/supervision	☐	☐	☐
				Total			

☐ **Low(<7)** ☐ **Mod (7-14)** ☐ **High (>14)**

ADDITIONAL INFORMATION (INCLUDING PROTECTIVE FACTORS)

VIOLENCE / AGGRESSION

Background factors	Y (1)	N (0)	? (0)	**Current factors**	Y (2)	N (0)	? (0)
Previous incidents of violence	☐	☐	☐	Expressing intent to harm others	☐	☐	☐
Previous use of weapons	☐	☐	☐	Access to available means	☐	☐	☐
Male	☐	☐	☐	Paranoid ideation about others	☐	☐	☐
Under 35 years old	☐	☐	☐	Command hallucinations	☐	☐	☐
Forensic /Criminal history	☐	☐	☐	Anger, frustration or agitation	☐	☐	☐
Previous/violent ideation or acts of violence	☐	☐	☐	Preoccupation with violent ideas	☐	☐	☐
Role instability	☐	☐	☐	Reduced ability to control self	☐	☐	☐

History of predatory behaviour	☐	☐	☐	Recent/current violence	☐	☐	☐
Inappropriate sexual behaviour (Past or present)	☐	☐	☐	Current misuse of drugs/alcohol	☐	☐	☐
Total				Total			
☐ **Low(<7)** ☐ **Mod (7-14)** ☐ **High (>14)**							
ADDITIONAL INFORMATION INCLUDING *PROTECTIVE FACTORS* *(Describe)*							

OVERVIEW / IMPRESSION / ASSESSMENT OF RISK				
Is this person's level of risk changeable?	YES ☐	NO ☐	Unsure ☐	
Are there factors that contribute to uncertainty regarding the level of risk?	YES ☐	NO ☐	Unsure ☐	
(If YES) what?				
GENERAL	Low ☐	Medium ☐	High ☐	No Risk ☐
SUICIDAL IDEATION	Low ☐	Medium ☐	High ☐	No Risk ☐
VIOLENCE	Low ☐	Medium ☐	High ☐	No Risk ☐
FAMILY / DOMESTIC VIOLENCE	Low ☐	Medium ☐	High ☐	No Risk ☐
OVERALL	**Low** ☐	**Medium** ☐	**High** ☐	No Risk ☐

REFERRER NAME			
Signature		**Date**	

Additional Information:

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