Referral Form

WHAT WE DO

pathways southwest
Towards better mental health

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	
Family name:	Given names:
Address: Post code:	
D.O.B. / / Age:	Sex M ☐ F ☐ Other ☐
Mobile:	Telephone:
Email:	
Country of birth:	Languages:
Reason for referral:	
Does client have an NDIS plan in place? YES ☐ NO ☐	If YES - NDIS NUMBER: Plan Manager: Support Coordinator:
Does the consumer have legal representation?	EPOA ☐ Guardianship ☐ SAT ☐
Income source:	Aged ☐ DSP ☐ Job Seeker payment ☐

EMERGENCY CONTACT (next of kin)		
Family name:	Given names:	Relationship:
Contact numbers:	Mobile:	Other:
Email:		

GP DETAILS / CLINICAL SUPPORT NOTE: All participants need clinical support.			
Family name:		Given names:	
Organisation / Practice name:			
Contact numbers:	Office:	Fax:	Other:
Email:			

APPLICATION CRITERIA (Checklist – please tick)	
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	☐

HEALTH PROFESSIONAL TO COMPLETE :		
Primary diagnosis		
Secondary diagnosis/comorbidities		
Onset of illness	Year	Age
Brief history of mental illness: *Please describe.*		
General medical history: *Comorbidities.*		
Hospitalisation in the last 2 years? YES ☐ NO ☐ *if yes please describe.*		
History of self-harm/suicidality: *Note triggers including triggers and recent occurrences. Please include any current risk assessment.*		
Factors that may increase the risk of becoming unwell: *Please describe.*		

Allergies / adverse drug reactions: *Include non- medical allergies.* YES ☐ NO ☐	
Living situation and supports?	Lives alone ☐ Requires accommodation ☐ Lives with others ☐ In supported living ☐
Identified Community Supports: *Please list.*	
Home visiting/hazard alerts: *Please describe.*	
Legal issues: *Document any current legal orders e.g. Guardianship, Protective Office, document past, current, pending court cases, convictions for violent offences.*	

RISK ASSESSMENT

Please note: Referrals will not be actioned without an accompanying Risk Assessment.

GENERAL RISK FACTORS							
Background factors	Y	N	U/K	Current factors	Y	N	U/K
Major psychiatric illness	☐	☐	☐	Disorientation or	☐	☐	☐
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	☐	☐	☐		☐	☐	☐

SUICIDAL IDEATION							
Background factors	Y	N	U/K	**Current factors**	Y	N	U/K
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	☐	☐	☐
				Isolation/lack of supports/supervision	☐	☐	☐

VIOLENCE / AGGRESSION							
Background factors	Y	N	U/K	**Current factors**	Y	N	U/K
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	☐	☐	☐

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	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 ☐**
History of predatory behaviour ☐	Recent/current violence ☐			
Inappropriate sexual behaviour (Past or present) ☐	Current misuse of drugs/alcohol ☐			

ADDITIONAL INFORMATION (INCLUDING PROTECTIVE FACTORS)

REFERRER DETAILS *(Who is filling out this form?)*		
First Name :	Surname :	Organisation / Practice name:
GP: ☐ Psychiatrist: ☐ Mental Health Professional:☐ Other - details: ☐		
Contact numbers:	(M)	(Other)
Email address:		
Signed:		

THIS REFERRAL PROVIDES CONSENT TO SHARE INFORMATION RELATED TO THE CONSUMER FOR A PERIOD OF 12 MONTHS.

When completed fax to 08 9791 3804 or email to referrals@pathwayssouthwest.org.au