Referral to Recovery Options

Psychosocial Support

NDIS registered provider

Participant details

Name: _____ Date of Birth: _____

Phone: _____ Mobile: _____

Address: _____

Suburb: _____ Postcode: _____

Cultural Background: _____ Gender: _____

Interpreter required: Yes ☐ No ☐ Language/Dialect: _____

Is the applicant aware of the referral? Yes ☐ No ☐

Referrer details

Name: _____ Position: _____

Phone: _____ Mobile: _____

Organisation: _____

Address: _____

Email: _____

Alternative contact for Participant (contact will be used if unable to contact participant directly)

Name: _____ Relationship: _____

Phone: _____ Mobile: _____

Areas where support may be required

	Yes	No		Yes	No
Communication	☐	☐	Learning	☐	☐
Self-management	☐	☐	Mobility	☐	☐
Social interaction	☐	☐	Self-care	☐	☐

Details: _____

Are there any known risk indicators?

	Yes	No	Details:
Environment	☐	☐	_____
To Self	☐	☐	_____
To others	☐	☐	_____

Does the applicant have a diagnosed mental health issue? Yes ☐ No ☐

Details: _____

_____

Does the applicant have any other diagnosed disabilities? Yes ☐ No ☐

Details: _____

_____

Is the applicant a permanent resident or citizen of Australia? Yes ☐ No ☐

Details: _____

_____

Is the person dependent on alcohol or other drugs? Yes ☐ No ☐

If so, is the person willing to address this issue? Yes ☐ No ☐

Details: _____

Does the applicant receive support from any other services? Yes ☐ No ☐

Details: _____

_____

Case Manager: _____ Phone: _____

GP: _____ Phone: _____

Is the person interested in information about the NDIS? Yes ☐ No ☐

Is the applicant willing to work with a Support Worker to develop an Individual Recovery Plan?

Yes ☐ No ☐

Is the applicant willing to participate in a group setting?

Yes ☐ No ☐

For the purpose of assessing eligibility for the program, I give consent for UnitingCare West to contact and liaise with persons/services that I specify on this form.

Participant name: _____

Participant signature: _____

Date: _____

Referrals can be sent to:

UnitingCare West 56 Baltimore Parade, Merriwa, 6030 Tel:(08) 9206 6200 Fax: (08) 9206 6222 Email: recovery.options@unitingcarewest.org.au
Service Area: Perth North Primary Health Network Region