



Partners in Recovery (PIR) Wide Bay Referral Form

DETAILS OF REFERRER

Name _____ Organisation _____

Position Title _____ Phone _____

E-mail (required) _____

DETAILS OF PERSON BEING REFERRED

Name _____ Gender _____ DOB _____

Address _____

Phone Number/s _____

Does the person identify as Aboriginal and/or Torres Strait Islander _____

Has the Partners in Recovery program been explained to the person? YES NO

Has the person consented to this referral? YES NO (if no, do not proceed with referral)

Primary mental health diagnosis _____

Year the person was **first treated** for mental illness _____ Year the person was **last hospitalised** for their mental illness _____

Person's source of income _____

Does the person have a Carer? If yes, please provide name and contact details _____

Does the person have a Case Manager? If yes, please provide name and contact details _____

REASON FOR REFERRAL TO PIR

Please tick boxes related to areas of concern for the person to demonstrate the complexity of the person's needs:

- | | |
|---|---|
| <input type="checkbox"/> Accommodation | <input type="checkbox"/> Child care |
| <input type="checkbox"/> Food | <input type="checkbox"/> Basic education |
| <input type="checkbox"/> Looking after the home | <input type="checkbox"/> Psychological distress |
| <input type="checkbox"/> Self-care | <input type="checkbox"/> Information on condition and treatment |
| <input type="checkbox"/> Daytime activities | <input type="checkbox"/> Financial |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Employment and volunteering |
| <input type="checkbox"/> Alcohol and / or Drugs | <input type="checkbox"/> Cultural and spiritual |
| <input type="checkbox"/> Social Isolation | |
| <input type="checkbox"/> Community Engagement | |

RISK FACTORS

Is the person at risk of harm to others? YES NO

Is the person at risk of harm to self? YES NO

Please provide some detail:

DATE OF REFERRAL: _____

RFQ

Phone: 07 3363 2644

Fax: 07 4121 2077

Email: fcpir@rfq.com.au

Impact

Phone: 07 4153 4233

Fax: N/A

Email: mmcphee@impact.org.au

Bridges

Phone: 1300 707 655

Fax: 07 4145 5354

Email: referrals@bas.org.au