



## Referral Form to West Moreton-Oxley Partners in Recovery

Ph:1800 PIR 4ME/ 1800 747 463 Email:wmopir4me@aftercare.com.au  
Fax: 3280 5698

Details of person being referred:	
Name:	DOB: actual      estimate
Address:	
Phone:	Gender:
Alternate contact/Next of Kin:	
Does the person identify as:    Aboriginal    Torres Strait Islander    Culturally and linguistically diverse	
Preferred Language:	Interpreter required:      N      Y
Please note any significant <b>risk</b> (e.g. large dog or neutral meeting point)	
PIR Eligibility Criteria	
1. The person appears to have a mental illness that is <b>severe</b> in degree and <b>persistent</b> in nature Diagnosis (if known): _____ Evidence of Severity:    psychosis      multiple hospital admissions      DSP recipient due to MH Evidence of Persistence:    long-term MH symptoms      recent and severe onset	
2. The person has <b>complex needs</b> that require support from multiple agencies	
3. The person requires <b>substantial support</b> to engage with various services to meet their needs	
4. Existing service arrangements/coordination between services have <b>failed</b>	
5. Person or their guardian is willing to participate in PIR	

Current Services	
Are there any <b>mental health services</b> in place? Please list current case co-ordinators contact	
Are there any <b>current community support services</b> in place? Please list current case managers' contact	
What <b>additional support</b> do you feel this person needs? Other services that you can/have referred onto?	
Previous Services	
When did these services cease and why?	
What are the <b>gaps</b> ?	
How can we <b>work together</b> ?	
Referrer Details	
Name	Position
Contact	Agency
Date	Email

Partners in Recovery is **not** a crisis service provider

