ST JOHN OF GOD
Mental Wellbeing Services

REFERRAL FORM

GP Name .....
Provider No: .....
Address .....
Phone .....
Email ..... Date .....
Signature .....
Use BLOCK LETTERS

Eligibility Criteria

1. Has effective management of active psychotic symptoms;
2. No active suicidal / homicidal intent;
3. Does not require specialist services or detox for AOD;
4. Is disadvantaged, marginalized or in some other way unable to access mainstream services;
5. Able to identify therapy goals.

Instructions: Where client is eligible for referral a Mental Health Treatment Plan is required.

Client Name: _____ Date of Birth: ☐☐ ☐☐ ☐☐☐☐ Age: ☐☐

Address: _____ Email: _____

Phone: Home ☐☐ ☐☐☐☐ ☐☐☐☐ Mobile ☐☐☐☐ ☐☐☐ ☐☐☐

Medicare Number: ☐☐☐☐☐☐☐☐☐☐ Line Number ☐ Expiry: ☐☐/☐☐☐☐

HCC / Pension Card: ☐☐☐☐☐☐☐☐☐☐ Expiry: ☐☐/☐☐☐☐

Employed Yes ☐ No ☐ Student Yes ☐ No ☐ Estimated Income _____

Carer or significant other: _____ Interpreter Required: Yes ☐ No ☐ Language _____

Diagnosis: _____

Secondary or Provisional Diagnosis: _____

Recovery Plan: _____

Therapy goals: _____

Past history: _____

Current medications: _____

Brief Risk Assessment

SOURCE OF INFORMATION: ☐ The client ☐ Carer, family, friend

☐ Assessing clinician's knowledge of client's past behaviour/ current clinical presentation ☐ Other (please specify) _____

SUICIDALITY Static (historical) factors	Yes (1)	No (0)	Not Known	**Dynamic (current) risk factor**	Yes (2)	No (0)	Not Known
Previous attempt(s) on own life	☐	☐	☐	Expressing suicidal ideas	☐	☐	☐
Previous serious attempt	☐	☐	☐	Has plan / intent	☐	☐	☐
Family history of suicide	☐	☐	☐	Expresses high level of distress	☐	☐	☐
Major psychiatric diagnosis	☐	☐	☐	Hopelessness / perceived loss of coping or control over life	☐	☐	☐
Major physical disability / illness	☐	☐	☐	Recent significant life event	☐	☐	☐
Separated / Widowed / Divorced	☐	☐	☐	Reduced ability to control self	☐	☐	☐
Loss of job / retired	☐	☐	☐	Current misuse of drugs / alcohol	☐	☐	☐

PROTECTIVE FACTORS *(describe):*

LEVEL OF SUICIDE RISK (total score): ☐ **LOW (<7)** ☐ **MODERATE (7-14)** ☐ **HIGH (>14)**

AGGRESSION / VIOLENCE Static (historical) factors	Yes (1)	No (0)	Not Known	**Dynamic (current) risk factor**	Yes (2)	No (0)	Not Known
Recent 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	☐	☐	☐	Violent command hallucinations	☐	☐	☐
Criminal history	☐	☐	☐	Anger, frustration or agitation	☐	☐	☐
Previous dangerous acts	☐	☐	☐	Preoccupation with violent ideas	☐	☐	☐
Childhood abuse	☐	☐	☐	Inappropriate sexual behaviour	☐	☐	☐
Role instability	☐	☐	☐	Reduced ability to control self	☐	☐	☐
History of drug / alcohol misuse	☐	☐	☐	Current misuse of drugs / alcohol	☐	☐	☐

PROTECTIVE FACTORS *(describe):*

LEVEL OF VIOLENCE RISK (total score): ☐ **LOW (<7)** ☐ **MODERATE (7-14)** ☐ **HIGH (>14)**

OTHER RISKS IDENTIFIED

BRA Adapted from Department of Health, WA

NO WRITING IN MARGINS

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SO 0014

SGCZWLFT5027 01/21

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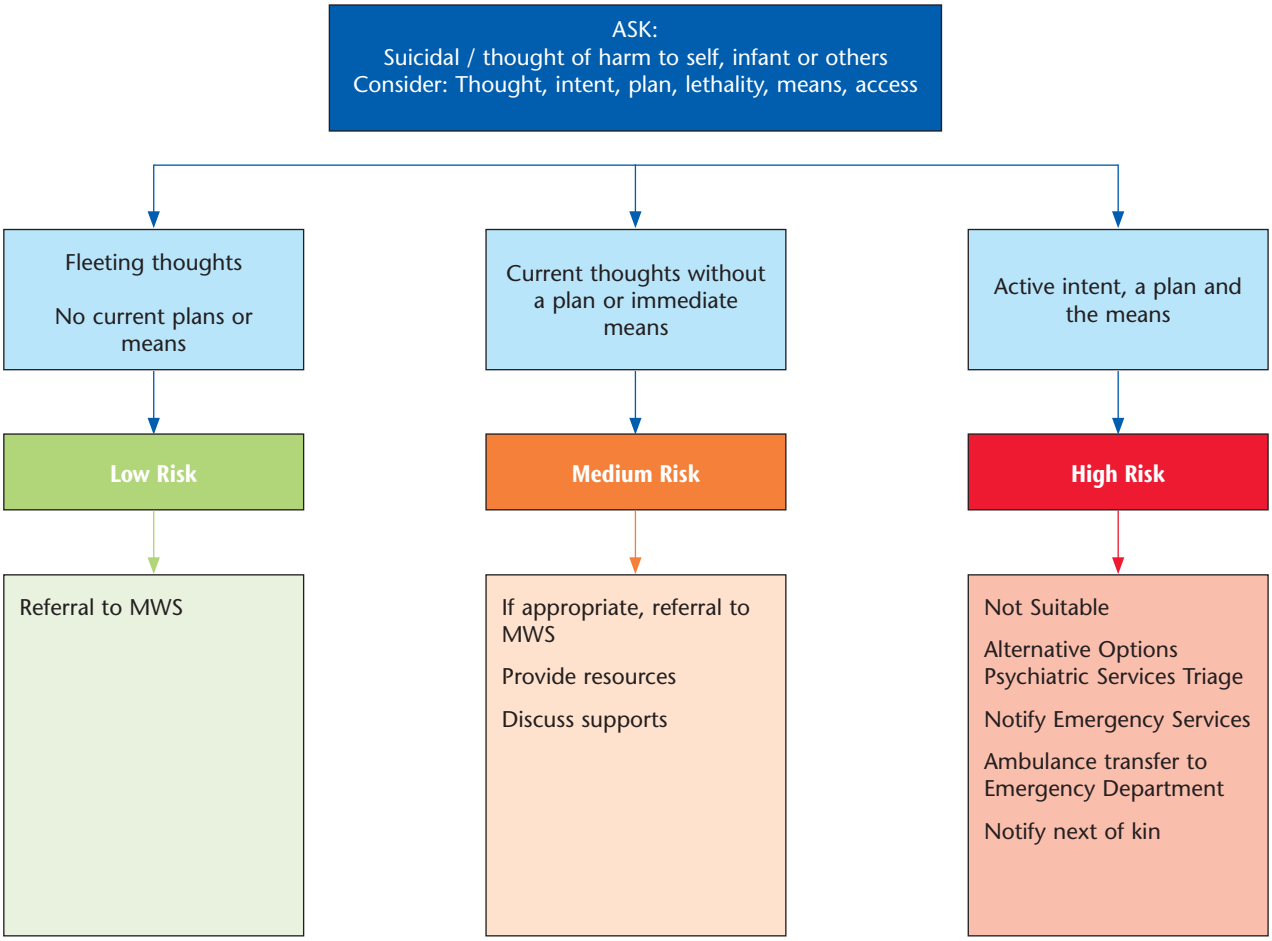
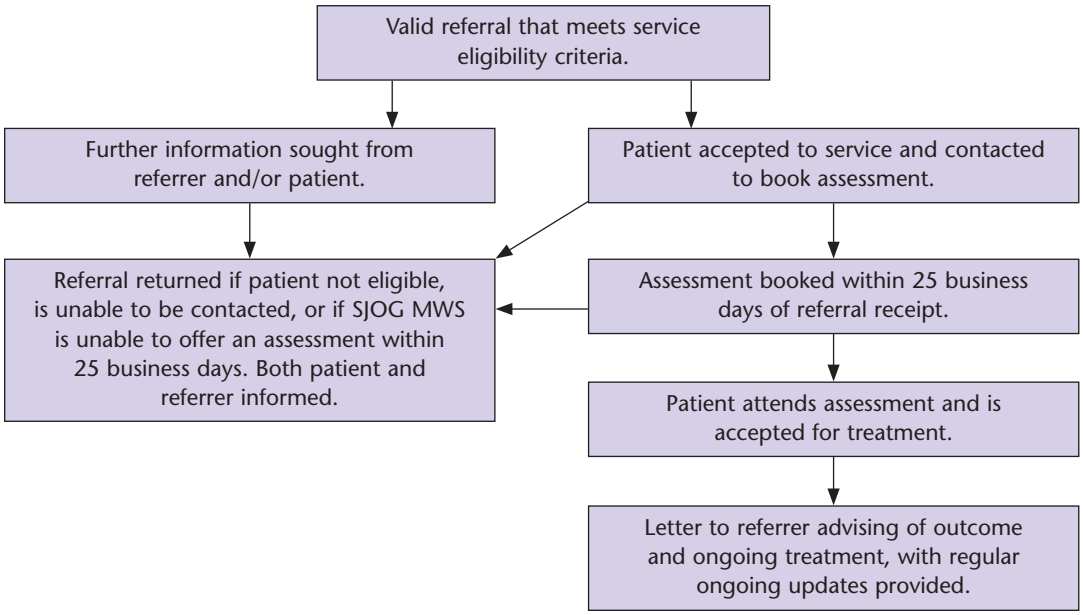
Risk Assessment Decision Tree (for your reference)



MWS Intake and Assessment Process – please discuss with your client at the time of referral:



NO WRITING IN MARGINS