

GPH Mental Health Community

Living Supports for Refugees

triage@gph.org.au

REFERRERS DETAILS				
Referrer Title & First Name		Referrers contact details		
Clients GP		Self-referral		
Address				Visa Arrival date
CLIENT DETAILS				
First Name		Date of Birth		
Last Name		Ethnicity & language		
Address				Religion
Phone No.		Schooling		
Consent to referral	<input type="checkbox"/> YES <input type="checkbox"/> NO		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
REASON FOR REFERRAL & AREAS OF SUPPORT REQUIRED				
Emotional Wellbeing	Social Connection	Literacy support	Families & Relationships	Domestic Violence
Physical Health	Lifestyle	Financial	Employment	Health education
INFORMED CONSENT				
<p>Privacy laws in NSW provide that, in certain circumstances, before an agency can use or disclose an individual's personal information, their consent must be obtained. In summary:</p> <p>In the absence of another rule or exemption, secondary uses or disclosures of personal information will require the consent of the individual. To be valid, consent must be voluntary, informed, specific, current, and given by a person with capacity. Unless otherwise indicated, consent can be express or implied, written or verbal.</p>				

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What is consent? Consent is a two-way communication. It asks an individual for their permission to use or disclose their personal information in a certain way, and the individual can respond with either a 'yes' or a 'no'.

When is consent informed? A person must have reasonable knowledge of all the relevant facts including the implications of providing or withholding consent. Providing incorrect or misleading information may invalidate a person's consent. In order that an individual can decide whether or not to give consent, an organisation should ensure that the individual is

Signature/initials of referred client:

KEY RELEVANT ISSUES (what else do we need to know and what should we avoid)

Description of key presenting or underlying issues and any key information (e.g., cultural needs; medical; medication issues; developmental, functional; living skills; social; emotional; trauma, abuse and neglect; etc.)

SAFETY ALERTS - Are there any risk factors we should be aware of when visiting the client?

Please tick all that apply.

- YES - please provide details below or attach risk assessment
 NO
 UNKNOWN

Risk of harm to self Risk of harm to other Vulnerable to exploitation

- suicidal thoughts
 Illiterate / low education No English language
 concerns for domestic violence/coercive control

Please attach any plans/history

YES – I am attaching relevant medical history and/or current treatment plans

ADDITIONAL CLIENT INFORMATION

Does the person have caring responsibilities? YES NO
 UNKNOWN

Does the client have a disability or long-term health condition? Long Term Health Condition
 Disability Frequent Attendance

MH-CLSR Referral triage@gph.org.au

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Employment status	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Pension	Please provide details of long-term health conditions.	Hearing loss, Hear disorder requiring a pacemaker
CRN (Centrelink)		Recent Hospitalisation	<input type="checkbox"/> YES (Previous 6 Months) <input type="checkbox"/> NO

PHYSICAL ACTIVITY HEALTH SCREEN

Does the patient have any past or current medical conditions or needs (e.g., coronary heart disease, COPD, musculoskeletal, BMI over 30)?	<input type="checkbox"/> NO <input type="checkbox"/> YES, If YES advise of any conditions we should be aware of below (e.g., BMI, EpiPens, epilepsy, fainting/dizzy spells, asthma inhaler, etc.) and Dizzy spells, breathlessness, <u>attach any relevant medical history/mental health assessment/risk assessment /care plans</u>
Is the person safely able to do physical activity?	Please Note: Any patient who has had a heart attack in the last 6 months should also have completed a cardiac rehabilitation program and had cardiological clearance before referral. <input type="checkbox"/> I CONFIRM THAT MEDICAL CONDITIONS ARE STABLE AND THEY ARE ABLE TO DO PHYSICAL ACTIVITY.