

Referral Form

Date:



Please email to Laura@my-potential.com
Please ensure all sections are completed and legible.

Please note that we are **NOT A CRISIS SERVICE**. If crisis assistance is required, please call your local Triage number. Alternatively, direct your client to an accident & emergency department of their nearest hospital.

PERSON'S DETAILS:			
First Name:		Surname:	
DOB:		Age:	Gender:
Street Address:			
Suburb:		Post Code:	
Home Phone:			
Mobile:			
Email:			
Can we post letters to the above address?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

NEXT OF KIN (NOK) DETAILS					
Name:					
Relationship:					
Street Address:					
Suburb:			Post Code:		
Phone:			Mobile:		
Can we contact NOK?			Yes	<input type="checkbox"/>	Emergency Only
				<input type="checkbox"/>	

REFERRER'S DETAILS					
Name of referrer:					
Relationship to individual:					
Organisation Name:					
Street Address:					
Suburb:			Post Code:		
Phone:			Fax:		Mobile:
Email:					

MEDICAL INFORMATION	
Does the person have their own GP? YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>	
Details (name, practice, address, phone):	
Does the person have a Mental Health Care Plan (MHTP)? PLEASE ATTACH A COPY if possible. Tick if Attached <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/> Tick if Attached <input type="checkbox"/>
Date:	
Medicare Card?	
Funding Agency? (e.g. NDIS, DVA, TAC)	Insurance Agency (if applicable): Service Number:
PERSON'S CULTURE:	
Family of origin/nationality:	
Language spoken at home:	

Current Risk Taking (suicide, self-harm, risk-taking behaviours, drug & alcohol)

The referrer agrees that all information submitted in this referral is an accurate reflection of the client's support needs, is correct with no information withheld for the organisation to fulfil its duty of care to clients, staff and other partner agencies.

Referrer signature: _____

Date: _____

NB: My Potential aim to contact you regarding this referral within 3 working days.