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Referral Process

All sections must be completed and signed by the applicant.

All requested information outlined on Section A must be provided with this referral.

1) You will be sent a letter within one week confirming we have received your referral. Where a waiting list exists you will notified, in writing.

2) Where a vacancy in program exists, Assessment is to be conducted within 14 days.

3) At this point you and/or the person making the referral will be informed of your eligibility for the Psychiatric Disability Support Service, (PDRSS) you have been referred to. You may be offered a position in another program of APROTCH if the Intake Worker feels it would better meet your needs.

4) If you have met the criteria, the Intake Worker will discuss the information at a Consumer Intake Meeting and you will be allocated a Key Worker. A letter of acceptance will be sent after the Intake Meeting explaining who the Key Worker will be. If a waiting list is in operation you will be notified. "Highest needs" consumers will take priority on the waiting list.

5) If you have not met the criteria this will be explained to you and/or the person making the referral.

6) If your situation alters in any way, please contact the Intake Worker and/or the person making the referral about the progress of the referral.

APROTCH of Ballarat Community Health Centre programs are voluntary and applicants must be willing to accept support and engage in the recovery process.

SECTION A

Consent for information to be given by the clinical mental health provider

I give consent for APROTCH'S Psychiatric Disability Rehabilitation Support Service, within the Ballarat Community Health Centre, to receive the following information from my Clinical Mental Health Provider.

- 1. Recent discharge summary / CTP.
- 2. Detailed mental health/ Family history.
- 3. Legal status under the Mental Health Act 1986.
- 4. Risk assessment.
- 5. Current Basis 32.
- 6. Current Psychiatric Assessment (must be within in the last 12 months).

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This information is provided to APROTCH as a mental health service listed in the Victorian Mental Health Act 1986 Division 3, Community Support Services Section 98, funded through the Victorian Department of Human Services Mental Health Branch and will be used by APROTCH to process my application.

APROTCH PDRS Services are required under Federal and State law to protect the privacy of any person being referred to the service.

Signature **Date.....**
(Print name and sign)

Witness **Date**
(Print name and sign)

APPLICANT'S DETAILS**SECTION B**

Name:

Age : **D.O.B.**/...../..... **M / F** (circle)

Address :

..... **Postcode :**

Phone : **Fax :**

Mobile : **Email :**

Is an interpreter required ? No Yes

Specify language

SERVICE REQUESTED (Central Highlands Region)

(Please tick the service requested)

Home Based Outreach

Offers in home support to generate independent living skills, community links and friendship networks. Respite to carers is offered.

Movin' On

Offers support to 16 – 30 year olds experiencing major mental illness. It provides an option to be involved in the Kick-Start group program as well as individual support.

APROTCH – Adult Day Programs

Offers psychosocial rehabilitation activities in a day program setting. Links with community based activities.

Please tick referral source.

Self : Carer : Treating Clinician : Support Worker : G.P : Other

Referrer Details :

Name :

Address :

..... **Postcode :**

Phone : **Fax :**

Mobile : **Email :**

PLEASE LIST SUPPORT REQUIREMENTS: e.g. : life skills, budgeting, social skills

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PSYCHIATRIC HISTORY AND DIAGNOSIS NON AREA MENTAL HEALTH SERVICE CLIENTS

- Explanation of psychiatric condition from case manager, G.P. or treating psychiatrist.
- A Daily Living Skills or Functional Assessment if available.

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MEDICAL HISTORY

Please list any medical illnesses (past or present) that the program should be aware of i.e. Hepatitis, epilepsy, diabetes, cardiac condition, allergies etc.

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FORENSIC HISTORY (please tick all applicable)	SECTION D
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Aggression to others: <input type="checkbox"/>	Aggression to self : <input type="checkbox"/>
Aggression to property : <input type="checkbox"/>	Court involvement: <input type="checkbox"/>
Juvenile justice department : <input type="checkbox"/>	Community Based Order: <input type="checkbox"/>

Explanation of incident(s)/please attach further information), (including involvement of protective services)

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Risk Factors:.....

INCOME DETAILS

Please tick income source.

Centrelink : Wage : Other:

If other please supply details :

PRIVACY

APROTCH P.D.R.S. Service is required under Federal and State law to protect the privacy of any person being referred to the service. You will be given further written and oral information regarding privacy, during assessment.

APPLICANT'S SIGNATURE (Unsigned referral will not be processed)

Consumer Signature : Date :/...../.....

Referral Signature : Date :/...../.....

Copy given to:

Consumer:

Carer:

Referral source:

Please note: Due to high demand on our program(s), your client may be placed on a waiting list. This will be discussed with the client and a letter will be sent to the referrer.

Thank - you for your referral.