## Mental Health \& Wellbeing Counselling in Residential Aged Care Facilities (RACF)



REFERRAL FORM

## To Be Eligible The Client Must Meet All Three Criteria Below

1. Must be a resident in a designated RACF in the Great Southern, Midwest or Wheatbelt
2. Experiencing or be at risk of mild to moderate mental health Illness
3. Currently NOT in crisis or in need of urgent assistance

## Client Details

Surname: First Name: $\qquad$ DOB: $\qquad$
Phone: $\qquad$ Email: $\qquad$
RACF:
Postal Address :

| Next of Kin: |  | Phone: |
| :--- | :--- | :--- |
| Power of Attorney/Guardian: | $\square$ Yes | $\square$ No |
| Phone: |  | Name: |

GP Details (*REQUIRED)
Name: $\qquad$ Phone: $\qquad$ Fax: $\qquad$
Practice/Organisation:
Address:
Referrer Details (if not GP)
Name:
Phone: $\qquad$ Fax: $\qquad$
Practice/Organisation: $\qquad$
Address: $\qquad$
Position: $\qquad$ Any other agencies involved: $\qquad$

| IMPORTANT: Please complete the following questions |  |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| Do you identify as: | $\square$ Aboriginal | $\square$ Torres Strait Islander | $\square$ Both | $\square$ Neither |  |
| Gender: | $\square$ Male | $\square$ Female | $\square$ |  |  |
| Source of Income: | $\square$ Pension | $\square$ Self-funded | Country of Birth: |  |  |
| Marital Status: | $\square$ Widowed | $\square$ Married/Defacto | $\square$ Never Married | $\square$ Divorced/Separated |  |
| Main Language Spoken: |  | $\square$ English Only | $\square$ Other (please state): |  |  |
| How well does this person speak English? | $\square$ Very Well | $\square$ Well | $\square$ Not Well | $\square$ | Not at All |

## Reason for Referral

| K 10 + |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1. About how often do you feel tired out for no good reason? | $\square 1$ | $\square 2$ | $\square 3$ | $\square 4$ | $\square 5$ |
| 2. About how often do you feel nervous? | $\square 1$ | $\square 2$ | $\square 3$ | $\square 4$ | $\square 5$ |
| 3. About how often do you feel so nervous that nothing could calm you down? | $\square 1$ | $\square 2$ | $\square 3$ | $\square 4$ | $\square 5$ |
| 4. About how often do you feel hopeless? | $\square 1$ | $\square 2$ | $\square 3$ | $\square 4$ | $\square 5$ |
| 5. About how often do you feel restless or fidgety? | $\square 1$ | $\square 2$ | $\square 3$ | $\square 4$ | $\square 5$ |
| 6. About how often do you feel so restless you could not sit still? | $\square 1$ | $\square 2$ | $\square 3$ | $\square 4$ | $\square 5$ |
| 7. About how often do you feel depressed? | $\square 1$ | $\square 2$ | $\square 3$ | $\square 4$ | $\square 5$ |
| 8. About how often do you feel that everything was an effort? | $\square 1$ | $\square 2$ | $\square 3$ | $\square 4$ | $\square 5$ |
| 9. About how often do you feel so sad that nothing could cheer you up? | $\square 1$ | $\square 2$ | $\square 3$ | $\square 4$ | $\square 5$ |
| 10. About how often do you feel worthless? | $\square 1$ | $\square 2$ | $\square 3$ | $\square 4$ | $\square 5$ |
| TOTAL OUT OF 50 |  |  |  |  |  |

The next few questions are about how these feelings have affected you in the last four weeks. You need not answer these questions if you answered "NONE OF THE TIME" to all of the ten questions about your feelings.
11. How often do physical health problems be the main cause of these feelings? $\square$ —3 $\square 4$ $\square 5$

## Consent

I have discussed this referral with the client and the client consents to being referred to Amity Health Connections Count.
Referrer Signature: $\qquad$ Date:

## PLEASE PROVIDE YOUR CLIENT A COPY OF THIS REFERRAL

Please return this completed form and any other relevant documentation to Amity Health via one of the following methods:

Fax: 0898422798
Email: query@amityhealth.com.au
For enquiries, contact Amity Health on 0898422797 and speak with the Mental Health Coordinator or Senior Mental Health Clinician.

## Information for Client

Amity Health will contact your residential care facility to arrange an appointment. If you have not heard from us within 7 days, ask your referrer to call 0898422797.

