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





### 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 Nam	e:	DOB:
DACE.				
Postal Address :				
Next of Kin:			Phone:	
Power of Attorney/Guar	dian:	Yes 🗆 No	N 1	
Phone:			Signature:	
GP Details (*REQUIRE	ED)			
Name:			Phone:	Fax:
Practice/Organisation:				
Referrer Details (if not	GP)			
Name:			Phone:	Fax:
Practice/Organisation:				
Address:				
	Any o		ved:	
IMPORTANT: Please of	complete the follo	wing questions		
Do you identify as:	□ Aboriginal	□ Torres Stra	ait Islander 🛛 🗆	Both D Neither
Gender:	□ Male	Female		
Source of Income:	Pension	□ Self-funded	Country of Birth:	
Marital Status:	□ Widowed □	Married/Defacto	Never Married	Divorced/Separated
Main Language Spoker	ו: 🗆	English Only	□ Other (please state	e):
How well does this pers	son speak English?	□ Very Well	□ Well □ No	t Well □ Not at All
Reason for Referral				

### Please continue to next page

K10 +	None of the time	A little of the time	Some of the time	Most of the time	All of the time		
1. About how often do you feel tired out for no good reason?		□ 2	□ 3	□ 4	□ 5		
2. About how often do you feel nervous?		□ 2	□ 3	□ 4	□ 5		
3. About how often do you feel so nervous that nothing could calm you down?		□ 2	□ 3	□ 4	□ 5		
4. About how often do you feel hopeless?		□ 2	□ 3	□ 4	□ 5		
5. About how often do you feel restless or fidgety?		□ 2	□ 3	□ 4	□ 5		
6. About how often do you feel so restless you could not sit still?		□ 2	□ 3	□ 4	□ 5		
7. About how often do you feel depressed?		□ 2	□ 3	□ 4	□ 5		
8. About how often do you feel that everything was an effort?		□ 2	□ 3	□ 4	□ 5		
9. About how often do you feel so sad that nothing could cheer you up?		□ 2	□ 3	□ 4	□ 5		
10. About how often do you feel worthless?		□ 2	□ 3	□ 4	□ 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 " <b>NONE OF THE TIME</b> " to all of the ten questions about your							

feelings.					
11. How often do physical health problems be the main cause of these feelings?	□ 1	□ 2	□ 3	□ 4	□ 5

#### Consent

□ I have discussed this referral with the client and the client consents to being referred to Amity Health Connections Count.

Referrer Signature:

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: 08 9842 2798

Email: <u>query@amityhealth.com.au</u>

For enquiries, contact Amity Health on 08 9842 2797 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 08 9842 2797.