PARTNERS IN RECOVERY REFERRAL FORM

BLACK SWAN HEALTH LTD

Partners in Recovery Perth North Metro

working together for your wellbeing

Incomplete referral form may result in processing delays and impact on the client's care coordination
Please sign and submit the form to pir@blackswanhealth.com.au or fax to 9201 0033
Please refer to the Black Swan Health website for eligibility and exclusion criteria

BINDING MARGIN – NO WRITING

Date of referral: __ / ___ / 20___

1. CLIENT DETAILS

Title: _____ Gender: ☐ Male ☐ Female ☐ Other

Last Name: _____ First name(s): _____

D.O.B.: ___ / ____ / _____ *client must be over 16 to be eligible Access issues: _____

Address: _____

Suburb: _____ Postcode: _____

Mobile: _____ Home: _____ Email: _____

Language spoken at home: _____ Is an interpreter required? ☐ Yes ☐ No

Emergency contact / Next of Kin name: _____ Phone: _____

Is the client of Aboriginal and/or Torres Strait Islander descent? ☐ Yes ☐ No

2. REFERRER DETAILS (leave blank if client is referred by GP. Skip to Section3 – GP details)

☐ Tick if Self-referred, and leave this section blank

Referrer name: _____ Position: _____

Organisation / provider name: _____

Address: _____ Suburb: _____ Postcode: _____

Phone: _____ Fax: _____ Email: _____

3. GP DETAILS

GP's name: _____ GP Stamp:

GP's practice: _____

Address: _____

Suburb: _____ Postcode: _____

Phone: _____ Fax: _____ Email: _____

4. REFERRAL INFORMATION

Is the client receiving Disability Support Pension?	☐ Yes	☐ No
Is the client receiving services from NDIS?	☐ Yes	☐ No
Has the client (or their legal guardian) agreed to be referred to PIR?	☐ Yes	☐ No
Has the client been referred to any other services?	☐ Yes *	☐ No

* If Yes, please list the services: _____

Does the client have a current risk assessment? (please attach if Yes) ☐ Yes ☐ No

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To be eligible for PIR, all of the following criteria MUST be met. Please provide a brief outline of the client's circumstances with regard to each criterion.

a. The person appears to have a severe and persistent mental illness (for example, the person may have severe and persistent symptoms that result in impairment across a range of functional areas, they may have a diagnosis of psychotic illness or another serious mental illness, they may have experienced repeated hospitalisation or treatment for mental illness over the last 3 years or be receiving the Disability Support Pension where mental illness is the principle condition)

Referrer notes:

b. The person has multiple unmet needs that may require multiple services from other agencies

Referrer notes:

c. The person requires substantial individual or multi agency support and coordination arrangements are not in place or have failed

Referrer notes:

d. How will the person's needs be addressed by acceptance into PIR

Referrer notes:

5. CONSENT TO REFERRAL

Please tick the appropriate boxes below. Partners in Recovery is only able to accept referrals where the client / guardian has consented to the referral, either verbally or in writing.

☐ I consent to be referred to Black Swan Health

Client / guardian signature: _____ Date: __ / ___ / 20___

Print Name: _____

☐ I confirm my client has been assessed and meets the eligibility criteria for a referral to Black Swan Health

☐ I have obtained verbal consent from the client / legal guardian to refer and provide their personal health information to Black Swan Health for further assessment

Referrer's signature: _____ Date: __ / ___ / 20___

Print Name: _____

OFFICE USE ONLY – leave blank
Unique client number (Black Swan Health to generate): _____

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