Partners in Recovery Referral Tool

PIR Service Provider Number - 207019

This tool can be completed by a referrer to identify the initial need(s) of a person and record appropriate details for referral(s).

All completed referrals should be sent by secure fax to (03) 8677 9510.
You will recieve a response from PIR within five working days of the initial referral.

Referrer's Details

Date: __ __/__ __/ __ __ __ __

Given name(s): **Surname:**

Service:

Phone: (__ __) __ __ __ __ __ __ __ __ **Email:**

Person's Details

Given name(s): **Surname:**

Gender: ☐ Male ☐ Female ☐ Other *please state*

Date of birth: __ __/__ __/__ __ __ __ *Estimate if uncertain*

DisabilityCare Australia participant: ☐ Yes ☐ No ☐ Unknown

Employment status: ☐ Full time ☐ Part time ☐ Casual ☐ Not employed ☐ N/A

Cultural identity: ☐ Aboriginal or Torres Straight Islander ☐ CALD (Culturally & Linguistically Diverse)

Country of birth:

Date of arrival in Australia: __ __/__ __/__ __ __ __ ☐ N/A ☐ Unknown

Language spoken at home: ☐ Interpreter required

Person's Contact Details

Address:

Postcode:

Accomodation type:

Mobile: __ __ __ __ __ __ __ __ __ __ **Home:** (__ __) __ __ __ __ __ __ __ __

Email:

Is it okay to send or leave a message? ☐ Yes ☐ No

If yes, which method(s) would you prefer? *Tick all that apply*

☐ Mobile ☐ Home ☐ Post
☐ Text ☐ Email ☐ Social media

Family Member/Significant Other's Details

Relationship to person:

Given name(s): **Surname:**

Mobile: __ __ __ __ __ __ __ __ __ __ **Home:** (__ __) __ __ __ __ __ __ __ __

Permission to contact this person? ☐ Yes ☐ No

GP and Practice Name

Does the person have a GP? ☐ Yes ☐ No

If yes, please provide details:

This section is used as a determination or expression of a person's risk, eligibility and priority for service. It is not for the purposes of assessment.

1. Mental Health

Does the person have a mental health diagnosis? ☐ Yes ☐ No

If yes, please state:

If no, are you concerned for the person's mental health? ☐ Yes ☐ No

If yes, please state:

If no, please consider the appropriateness of PIR as a suitable referral option for the person

Has the person recieved previous mental health care? ☐ Yes ☐ No

If yes, please state:

2. Other Needs

Does the person have a range of support needs other than an identified mental health need? ☐ Yes ☐ No

If yes, please tick the appropriate boxes:

☐ Aged care	☐ Gender	☐ Sexuality	☐ Family
☐ Culture	☐ Social/Community	☐ Education	☐ Employment
☐ Transport	☐ Housing	☐ Finance	☐ Gambling
☐ Legal	☐ Disability	☐ Alcohol/Drugs	☐ Physical health
☐ Self care	☐ Other *please state*		

If no, please consider the appropriateness of PIR as a suitable referral option for the person

3. Consent

It is compulsory that all of a person's information is managed and stored in accordance with the Privacy Act, 1998

Does the person give consent that their personal information can be shared with PIR for the purpose of consultation and referral? ☐ Yes ☐ No

Person's signature:

Date: __ __ /__ __ /__ __ __ __

Parent/Guardian/Carer's signature: *if required*

Date: __ __ /__ __ /__ __ __ __

Professional/Referrer's signature:

Verbal consent has been granted. Professional signature to confirm.

Date: __ __ /__ __ /__ __ __ __

4. Risk

For Professional/Referrer to fill out only. ***Please note****: PIR is not a crisis response service.*

Is the person currently in crisis? ☐ Yes ☐ No

Does the person engage in deliberate self harm? ☐ Yes ☐ No

Does the person have current suicidal thoughts? ☐ Yes ☐ No

Are there any identified child protection concerns? ☐ Yes ☐ No

If yes, are DHS informed ☐ Yes ☐ No

Does the person have any serious medical concerns? ☐ Yes ☐ No

Is the person at risk of harm (eg. drug use, violence)? ☐ Yes ☐ No

Does the person have a history of violence? ☐ Yes ☐ No

If yes to any of the above, please state:

If you are unhappy with the service that you and/or the person have recieved, please refer your issue to the PIR manager who will then ensure it is taken through the EMPHN complaints procedure.