TEMHCO
Top End Mental Health Consumers Organisation

Office Use ID#

Referral Form

Please complete pages 1 & 2. If any question is irrelevant or unknown please mark "N/A"
(To be completed either by consumer/carer or agency with consumer/carer)

Referral Source ☐ Self ☐ Family/Friend ☐ Service Provider (name).....		
Name	Male ☐ Female ☐	DOB
Address	Mail Delivery Preference ☐ Email ☐ Post	
Phone - Home Mobile	Can we leave a message? ☐ Yes ☐ No	Email
Do you have an NDIS package? ☐ Yes ☐ No ☐ Ineligible		
Cultural Background ☐ Indigenous ☐ CALD	Country of Birth	
Language Spoken at Home	Interpreter Required ☐ Yes ☐ No	
Disability Access Required ☐ No ☐ Yes (specify disability)		
Other Dependants ☐ No ☐ Yes (specify numbers)		
Emergency Contacts 1) Name..... Phone..... Relationship..... 2) Name..... Phone..... Relationship.....		
Reason for Referral (please attach any additional relevant documentation)	☐ Individual Support ☐ Participate in centre activities ☐ Work experience as volunteer	☐ Thursday Field Trips ☐ AoD Therapeutic Support ☐ Other

Details of Person Significant to the Person Being Referred	☐ Carer/family member ☐ Other .....
Name	Male ☐ Female ☐ DOB
Relationship to Person Being Referred	
Address	
Phone – Home Mobile	Email
Cultural Background ☐ Indigenous ☐ Non-Indigenous ☐ CALD (Culturally and Linguistically Diverse)	
Disability Access Required ☐ No ☐ Yes (specify disability)	
Language ☐ English ☐ Sign ☐ Other (specify)	Interpreter Required ☐ Yes ☐ No
Other Dependants ☐ No ☐ Yes (specify numbers)	

Consumer Information (for consumer listed on page 1)	
GP Psychiatrist/Psychologist/Counsellor	Name..... Telephone No..... Name..... Telephone No.....
Palmerston Adult Mental Health Top End (TEMHS) Other Health Service Provider	Name..... Telephone No..... Name..... Telephone No..... Name..... Telephone No.....
Current Primary Diagnosis:	Additional Diagnosis:
Psychiatric History	
Medical History	
History of Substance use/abuse	
Current Treatment	
Current Symptoms	
Indicators of Potential Relapse	
Risk Factors (include history of aggressive behaviour, potential risk to self or others, any forensic details)	
Legal Status	
Challenging Behaviour and Management Strategies	

Consent to Referral	
Details of Person Referring	Name..... Date..... Name of Organisation.....Position..... Telephone.....Email.....
	I confirm that the person being referred has consented to this referral for Top End Mental Health Consumers Organisation (TEMHCO) services. Signed .....
Consent of person being referred	I have discussed and understand that the information provided on this referral form will be provided to Top End Mental Health Consumers Organisation (TEMHCO). Signed..... Date.....