**Referral Form**

Sapphire Health and Wellbeing Service (SHaWS) is a primary health, mental health, Aboriginal health, drug and alcohol treatment and support service working in collaboration with Katungal Aboriginal Medical Service, and Grand Pacific Health and a number of medical practices on the Sapphire Coast. SHaWS offers free, non-judgmental and respectful services including assessment, counselling, case management, therapeutic and support groups, home detoxification support, crisis support, assistance entering and exiting residential rehabilitation services and support for family members and friends impacted by someone else’s substance use and/or mental health. SHaWS is based in Bega and Eden, within the Grand Pacific headspace buildings and provides visiting services to Wallaga Lake, Bermagui, Merimbula and other townships within the region.

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| --- | --- |
| **Referring organisation:** | |
| **Name:** |  |
| **Position:** | **Date:** |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Referred person’s details** | | |  | |  |  | |
| Surname: | | |  | |  | All SHaWS services are voluntary.  Please confirm that you have client consent including consent for interservice discussion. | |
| Given name: | | |  | |
| DOB: |  | Gender: | |  | Written consent (attached) |  |
| Verbal consent |  |

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| **Contact details** | | Permission to leave message/SMS/email? | | | | | Yes | |  | No | |  | |
| Address: | | | | | | | | | | | | | |
| Phone 1: | | | | | | Phone 2: | | | | | | | |
| Email address: | | |  | | | | |  | | | | | |
| Indigenous Status: | | | Neither Aboriginal nor TSI  Aboriginal  TSI | | | | | Aboriginal and TSI  Not stated/Inadequately described | | | | | |
| Country of birth: | | | | | | Preferred Language: | | | | | | | |
| **Purpose of referral and presenting issues** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Physical Health Summary** | | | | | | | | | | | | | |
| **Name of GP** | | | | | | | | | | | | | |
| Chronic and other health issues: | | | | | | | | | | | | | |
| **Substance use** | | | | | | | | | | | | | |
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| **Mental health history** (include medications/treatment) | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Mental Health Plan attached YES**  NO | | | | | | | | | | | | | |
| **Legal** | | | | | | | | | | | | | |
| Court  Upcoming Court dates:  Which Court:  Reason for Court: | | | | | | | | | | | | | |
| Community Based Correction  Type of orders in place:  Length of order:  Requirements: | | | | | | | | | | | | | |
| **Has the client accessed Sapphire Health and Wellbeing Services before**? *If yes please provide details* | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Referral for:**  AOD Case  Manager | Mental Health Support | | | Nursing  Support | Aboriginal Health Worker | | | Home Detoxification | | | Residential Treatment | |

* Please email this completed form to: [**sapphire@directionshealth.com**](mailto:sapphire@directionshealth.com)
* Phone referrals can be made on 02 64948870
* Sapphire Health and Wellbeing Services ensures that personal information is confidential and treated respectfully
* Clients will be contacted by a Sapphire Health and Wellbeing team member generally within 2 business days