



REFERRAL FORM



An initiative of the Commonwealth's Support for Day Living in the Community Program
Under the Auspice of the June O'Connor Centre (Inc).

Welcome to the June O'Connor Centre (JOC) and the linked Day to Day Living program. This service is open to any adult who has been diagnosed with mental illness and is over the age of 18 years. To become a member, please have your Health Care professional complete the form below. This application entitles you participate with any service provided by the June O'Connor Centre (Inc) and the linked Day to Day Living program. The Day to Day Living program is specifically for people living in the Upper North Metropolitan, Peel and Rockingham areas.

1. Personal Details

Name DOB...../...../..... Gender: M / F

Address..... P/Code.....

Phone Mobile..... Email.....

Place of Birth.....Cultural background.....

Whom should we contact in case of an emergency ? (eg: Next of Kin, support person)

Name..... Relationship to applicant.....

Address.....P/Code

Phone Mobile

2. Health History

Primary Mental Health Diagnosis.

Any additional Condition(s)/Diagnoses

.....

Has this person had any recent hospitalisations? Yes / No Details, if yes

WhereWhen.....

Current medication(s).....

Any other health concerns? Yes / No Details, if yes
(eg: diabetes, epilepsy?)

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Does this person use alcohol and/or other drugs? Yes / No Details, if yes
(eg: beer, sprits, quantity?)

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History of non-accidental self-harm? Yes / No Details, if yes

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Is there anything, which will make it difficult for this person to interact with other members and staff?
(eg: harming others, anxiety, physical aggression, language barriers, hearing impairment) Yes/ No

Details, if yes

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3. Details of Referring Agent

Position: G.P., Psychiatrist, Psychologist, Social Worker, Nurse, Other (please specify)

Name.....Phone/s..... Frequency of contact.....

Address.....P/Code.....

Other health care professional/s Position: key worker, case-manager, social worker, nurse, other

Name.....Phone/s..... Frequency of contact.....

Address.....P/Code.....

Who is the most appropriate person to contact about the applicant's mental health?

Name Phone.....

Address..... P/Code.....

Are there any other agencies/carers or Mental Health Professionals currently working with applicant?

Yes/No

Details, if yes

4. Additional Information

Interests and the reason for joining the June O'Connor Centre (JOC) and the Day to Day Living (D2DL) programmes:

Educational/work history (past/current)?

Is the applicant willing to work in collaboration with staff and other nominated workers to develop a plan to achieve their goals? Yes / No

I believe that the applicant understands the above program and Gives her/his consent voluntarily

.....
Signature of applicant

.....
Signature of Referring Agent

.....
(Please PRINT name)

.....
(Please PRINT name)

.....
Date

.....
Date

Your signature indicates that you have read, and understand all the relevant information and agree to all the terms for participating in the June O'Connor Centre and D2DL programmes, and have decided to participate. You are free to withdraw your consent at any time in writing, and discontinue participation in the June O'Connor Centre or D2DL's programmes without prejudice.

The information provided will be securely stored in accordance with the Privacy Act 1988. Any personal information will be stored in a locked filing cabinet. Your information will be confidential; however there are four occasions in which we may consider contacting other professionals in relation to: Concern that you may harm yourself, Concern that you may harm someone else, Concern over child protection issues, You discuss a serious crime.

The June O'Connor Centre (Inc) ABN 20 060 180 350 Web site: www.joc.com.au