

## **Referral Form Eastern Sydney Partners in Recovery**

Anyone can make a referral to Eastern Sydney Partners in Recovery.

If you feel you or someone you know meet the inclusion criteria below, please complete the attached referral form or call us to complete a phone referral.

Referral forms may be returned via the following methods:

**Email: [espir@cesphn.com.au](mailto:espir@cesphn.com.au)**

**Fax: 02 9016 0150**

**If you have any questions or concerns or would like to make a phone referral please call and speak to one of our staff members on 1800 035 626**

### **Inclusion Criteria**

- The person has, or appears to have, a mental illness that is severe in degree and persistent in duration.
- The person has complex needs that require services from multiple agencies
- The person requires substantial support and assistance to engage with various services to meet their needs.
- There are no existing coordination arrangement in place to assist the person accessing the necessary services, or where they are in place, those arrangements have failed, have contributed to the problems experienced by the person, and are likely to be addressed by acceptance into PIR.
- The person or their legal guardian has indicated their consent to being involved and indicated a willingness to participate in PIR.

For more information please call and speak to one of our friendly staff members on **1800 035 626**

## Referral Form Eastern Sydney Partners in Recovery

### Personal Details:

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Gender:  Male  Female  Other Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_

Does the person identify as Aboriginal or Torres Strait Islander?:

Is the person from a CALD background (if so, what background)?:

Is an interpreter required (if so, what language)?:

### Consent:

The person has consented to being referred to Partners in Recovery?  Yes  No

### Person making the referral:

Name: \_\_\_\_\_ Organisation: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_  
Provider Number (if applicable): \_\_\_\_\_  
How did you hear about PIR?: \_\_\_\_\_

### Mental Health

The person has/appears to have a mental illness that is severe in degree and persistent in duration:  Yes  No

Mental health diagnosis (if known):

Year of first diagnosis:

### Reason for Referral to PIR:

For example, the presenting issue/s, support needs, complexity

### Other Additional Information:

Does the person receive any supports currently or in the past? E.g. case management, psychology etc)

### Documents to attach to the referral (if available):

- Risk Assessment
- Care Plan or other similar document
- Discharge Summary from a psychiatric hospital/ward
- Needs Assessment
- Any other documents which may be useful for us to work with the person referred