



**Richmond  
Wellbeing**

# **ABORIGINAL OUTREACH REFERRAL FORM**

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This service will support Aboriginal and Torres Strait Islander people and their families who are affected by mental health, alcohol and other drugs issues. Aboriginal Mental Health Practitioners will lead the service and support clients and families through a Cultural model that provides a holistic and strengths based approach to recovery.

Aboriginal Outreach Services will reach Aboriginal families who have never accessed MH/AoD services and/or who have stopped accessing services. A holistic experience of health and wellbeing is central to Aboriginal people - being healthy and strong encompasses physical, social, emotional, cultural and spiritual wellbeing. Staff will work within a Social and Emotional Wellbeing framework that recognises the historical and social determinants of health and the impacts of intergenerational trauma, grief, loss and exclusion.

The service will draw on the cultural determinants of health to build a person's strength and ability, and cultural connections to Country, family, community, and self-identity, recognising that a multitude of complex issues are in operation for Aboriginal people and that improvements in the management and recovery of MH/AoD issues must involve a range of strategies.

Through a culturally secure model to develop culturally appropriate treatment pathways, we work to gain respect and trust among Aboriginal communities, increasing access to services for Aboriginal people as a result.

More information on each of these services is available on our website [www.rw.org.au](http://www.rw.org.au). If you require assistance in selecting the right service, please contact our Intake Officer at [intake@rw.org.au](mailto:intake@rw.org.au) or 1800 742 466.

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## REFERRER DETAILS

Name	Agency/Position	
Postal Address	Postcode	
Phone	Email	
How did you hear about us?		
Website	Friend/Family/Another client	Flyer
Social Media	Radio	Advertising
Event	Google	
Other		

## Applicant to Complete

First Name	Family Name	
Preferred Name	Date of Birth	
Address	Postcode	
Phone	Mobile	Email
Gender:	Female	Transgender Male (FTM)
	Transgender Female (MTF)	Non Binary
	Male	Self describe
	Prefer not to disclose	
	Different Identity (please describe)	
Sexuality:	Straight/Heterosexual	Prefer not to disclose
	Lesbian/Gay/Homosexual	
	Bisexual	
	Unsure	
	Self describe	
Intersex Status:	Yes	Unsure
	No	Prefer not to disclose



## CONTACTS

### Nominated support person (Next of kin / Alternative contact)

Name Phone Mobile  
Email Relationship

### Do you have a case manager?

Yes No

Name Organisation  
Phone Mobile Email

### Do you have a guardian appointed?

Yes No

Name Phone Mobile  
Email

### Do you have a public trustee?

Yes No

Name Phone Mobile  
Email

### Do you have a GP?

Yes No

Name Phone Mobile  
Email

### Which of the above is your preferred contact?

Support Person Case Manager Guardian Appointed Public Trustee GP

### Preferred method of contact?

Text Phone call Email Mail

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## SUPPORT AND AREAS OF NEED

Current diagnosis /disability Yes No  
If yes, please provide details

Do you currently receive support from a service? Yes No  
If yes, where from?

Are there recovery steps you are working towards? Yes No  
Can you share them?

Previously applied for Richmond Wellbeing? Yes No

Are there some specific areas you would like support to access i.e. education, employment, recovery planning, navigating life problems, things around the house?

What has helped you in your recovery thus far?

What are you passionate about?

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## HEALTH AND WELLBEING

Existing NDIS Plan?                      Yes                      No

4.1 Any mental health issues you currently receive treatment or support for?                      Yes                      No

If yes, when did you first receive help/treatment for this?

4.2 Any physical health concerns you currently receive treatment or support for?                      Yes                      No

If yes, how long have you received treatment for this?

4.3 Describe how your answers from Questions 4.1 and 4.2 impact your life.

Do you have any legal issues we need to know about? (E.g. outstanding charges, convictions or a community treatment order)

Yes                      No

If yes, please provide details

Do you have any Alcohol or Drug issues?                      Yes                      No

If yes, please provide details:

Are you currently linked in with any Alcohol or Drug services?                      Yes                      No

If yes, please provide details:

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## CONSENT

I acknowledge the information provided is true and correct.

I agree that Richmond Wellbeing may contact my health service providers to gather additional information to assist with my referral if needed.

Name of consenting applicant

Date

Please complete form and return to Richmond Wellbeing E: [intake@rw.org.au](mailto:intake@rw.org.au)