Richmond Wellbeing

RECOVERY HOUSE REFERRAL FORM

RESIDENTIAL ACCOMMODATION SERVICE

RECOVERY HOUSE REFERRAL FORM

RECOVERY HOUSE PROGRAM

Located in Queens Park, Recovery House offers an intensive 15-week recovery focused residential program, enabling participants to understand and master their experiences through personal development and self-discovery.

This is a community based program led by the participants – guided by our skilled staff. The participants live on site in the accommodation provided.

***More information** on the Recovery House service in available on our website www.rw.org.au. If you require assistance in selecting the right service, please contact our Intake Officer at intake@rw.org.au or 1800 742 466.*

REFERRER DETAILS

Name:	Agency / Position:
Postal Address:	Postcode:
Phone:	Email:

SUPPORTING DOCUMENTS CHECKLIST

Please refer to the following checklist to ensure your referral is complete and all relevant information is attached. Your referral must include:

- ☐ Primary Diagnosis of Mental Health disorder
- ☐ Brief Risk Assessment completed by a clinician
- ☐ Current Mental Health Treatment/Care Plan
- ☐ Recent Discharge Summaries
- ☐ Details of Forensic History (if relevant)
- ☐ Any current Community Treatment Order (CTO)
- ☐ Medication regime
- ☐ NDIS plan (if applicable)
- ☐ Physical Health Assessment completed by a GP or attending Doctor

A referral will be deemed incomplete until we have received all of this information.

PROGRAM INTAKE

The Recovery House program is offered three times per year, with services commencing in January, May and September.

Select which Intake Session you would like to participate in:

- ☐ January
- ☐ May
- ☐ September

APPLICANT TO COMPLETE

1. Your Details

First Name: Family Name: Date of Birth:

Preferred Name: Ethnicity

Gender: ☐ Male ☐ Female ☐ LGBTIQ+ ☐ Other ☐ Decline to answer

Address: Postcode:

Phone: Mobile: Email:

Aboriginal: ☐ Yes ☐ No Torres Strait origin: ☐ Yes ☐ No

Culturally and Linguistically Diverse: ☐ Yes ☐ No Country of Birth:

Main Language spoken: ☐ English ☐ Other:

Interpreter required: ☐ Yes ☐ No Visa Status:

Living Situation: ☐ Living Independently ☐ Living with family member/carer
☐ Homeless ☐ Other:

Marital Status: ☐ Single ☐ Married ☐ Separated
☐ Divorced ☐ Widowed ☐ Defacto

Children: ☐ Yes ☐ No Occupation:

Source of Income: ☐ Age Pension ☐ Carer Allowance
☐ Disability Pension ☐ Department of Veteran's Affairs
☐ Family Assistance ☐ Unemployment
☐ Youth Allowance ☐ Paid work
☐ Other (please specify):

Hold a DVA Card? ☐ Yes ☐ No If yes, what type? ☐ Gold ☐ White ☐ Other

Centrelink Number: Expiry:

Medicare Number: Expiry:

Private Health Cover: ☐ Yes ☐ No Provider:

Member ID:

2. Contacts

Nominated support person (Next of kin / Alternative contact)

Name: Relationship:

Email: Phone: Mobile:

Do you have a Case Manager? ☐ Yes ☐ No Name:

Email: Phone: Mobile:

Do you have a guardian? ☐ Yes ☐ No Name:

Email: Phone: Mobile:

Do you have a Public Trustee? ☐ Yes ☐ No Name:

Email: Phone: Mobile:

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Do you have a GP? ☐ Yes ☐ No Name:

Email: Phone: Mobile:

Do you have a current support network? ☐ Yes ☐ No

Name:

Email: Phone: Mobile:

Which of the above is your preferred contact? ☐ Support Person ☐ Case Manager ☐ GP ☐ Public Trustee ☐ Support Network

3. Mental Health

Existing NDIS Plan? ☐ Yes ☐ No NDIS Plan Number: (*Attach plan*)

Formal mental health diagnosis? ☐ Yes ☐ No If yes, please specify.

** Please note, to be eligible for Richmond Wellbeing Residential Accommodation services the applicant must have ongoing clinical support guaranteed by a public mental health service, a private Psychiatrist, or General Practitioner; or be willing to engage with one of the above mentioned services.*

4. Physical Health

Physical Issues / Conditions

Any health issues or existing health conditions? ☐ Yes ☐ No

Are there any physical health issues you would like help with? ☐ Yes ☐ No

Tick all that apply:

Diabetes	☐ Yes	☐ No	Podiatry	☐ Yes	☐ No
Bruise or bleed easily	☐ Yes	☐ No	Dental	☐ Yes	☐ No
Heart complaints	☐ Yes	☐ No	Ulcerations	☐ Yes	☐ No
Liver disease	☐ Yes	☐ No	Asthma	☐ Yes	☐ No
Epilepsy	☐ Yes	☐ No	Allergies	☐ Yes	☐ No
HIV / AIDS	☐ Yes	☐ No	Allergic to medication	☐ Yes	☐ No
Hepatitis A, B or C	☐ Yes	☐ No	Pregnant	☐ Yes	☐ No
Blood pressure	☐ Yes	☐ No	Acquired Head Injury	☐ Yes	☐ No
Speech	☐ Yes	☐ No	Thyroid problems	☐ Yes	☐ No
Visual	☐ Yes	☐ No	Eating Disorders	☐ Yes	☐ No
Hearing	☐ Yes	☐ No	Substance abuse	☐ Yes	☐ No
Mobility impairments	☐ Yes	☐ No	Women's Health screens	☐ Yes	☐ No
Respiratory disease	☐ Yes	☐ No	Men's Health screens	☐ Yes	☐ No

Do you have any impairments? ☐ Vision ☐ Hearing ☐ Speech

☐ Other (please specify): _____

If yes to any of the above, please provide details:

_____

_____

_____

_____

Drug and Alcohol Use – Provide details where appropriate

Drug Type	History of Use	Current Use & View of Use
ALCOHOL		
T.H.C. (CANNABIS)		
BENZODIAZAPINES		
OPIOIDS		
STIMULANTS		
☐ Amphetamines		
☐ Dexamphetamines		
OTHER		
☐ Hallucinogens		
☐ MDMA - Ecstasy		
☐ Prescription Drugs		
☐ Solvents		
☐ _____		

Any Associated Risk Behaviours or Problems (injecting, overdoses, hepatitis status):

_____

_____

While I am a resident of Richmond Wellbeing's Residential Accommodation, if I am considered to be using Drugs and Alcohol to misuse, I agree to work with an appropriate Drug and Alcohol Service ☐

Medication

How do you feel about taking medication?

_____

_____

_____

_____

Do you require support taking your medication? ☐ Yes ☐ No

Do you take regular medication? ☐ Yes ☐ No *(Attach your medication regime)*

Do you use a Webster pack? ☐ Yes ☐ No

Any hospital admissions in the last 12 months? ☐ Yes ☐ No Provide full details:

5. History

Forensic History

Legal Issues

Do you have any past or current legal issues? ☐ Yes ☐ No

Provide details:

6. Support Needs

How many days a week do you require support? _____

Are there any particular tasks you find challenging?

What support do you need? Tick all that apply:

- ☐ Getting in/out of bed
- ☐ Bathing
- ☐ Dressing/Undressing
- ☐ With continence
- ☐ Toileting
- ☐ Washing
- ☐ Cooking
- ☐ Medication
- ☐ Eating
- ☐ Accessing counselling / talking to someone
- ☐ Laundry
- ☐ Shopping
- ☐ Gardening
- ☐ Cleaning
- ☐ Keeping safe
- ☐ To communicate
- ☐ With documentation
- ☐ Transport
- ☐ Budgeting
- ☐ Accessing medical / health appointments
- ☐ Emotional support
- ☐ Engaging with social groups
- ☐ Advocacy (someone to talk on your behalf)
- ☐ Information of services/support
- ☐ Social/Family contact
- ☐ Psycho-education (e.g. stress management)
- ☐ Computer/IT skills
- ☐ Family Relationships
- ☐ Other (please specify): _____

Describe what you hope to achieve at Recovery House:

_____

_____

_____

Emergency / Early Exit Plan

Have you thought of or made any arrangements in the event of an emergency? ☐ Yes ☐ No

Do you have alternative accommodation in the context of an unplanned event? ☐ Yes ☐ No

Can we confirm that you have alternative accommodation? ☐ Yes ☐ No

Please provide details:

_____

_____

_____

7. 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.

I consent to this referral being submitted for consideration of Richmond Wellbeing's Residential Accommodation services.

Signature: _____

Date: _____

** If Guardian, provide a copy of your Guardian Order issued by the State Health Tribunal.*

PLEASE COMPLETE FORM & RETURN TO RICHMOND WELLBEING

F (08) 9258 3090

E intake@rw.org.au

Residential Referral

Richmond Wellbeing

BRIEF RISK ASSESSMENT

SURNAME:	UMRN:	SEX:
FORENAMES:	BIRTHDATE:	
PATIENT'S ADDRESS:		

SOURCE OF INFORMATION

☐ Previous clinical records

☐ Assessing clinician's knowledge of consumer's past behaviour/current clinical presentation

☐ Medical Practitioner

☐ Police/ambulance/other agencies

☐ Other (please specify) _____

SUICIDALITY Static (historical) factors	Yes (1)	No (0)	Not Known	**Dynamic (current) risk factor**	Yes (2)	No (0)	Not Known
Previous attempt(s) on own life	☐	☐	☐	Expressing suicidal ideas	☐	☐	☐
Previous serious attempt	☐	☐	☐	Has plan/intent	☐	☐	☐
Family history of suicide	☐	☐	☐	Expresses high level of distress	☐	☐	☐
Major psychiatric diagnosis	☐	☐	☐	Hopelessness/perceived loss of coping or control over life	☐	☐	☐
Major physical disability/illness	☐	☐	☐	Recent significant life event	☐	☐	☐
Separated/Widowed/Divorced	☐	☐	☐	Reduced ability to control self	☐	☐	☐
Loss of job/retired	☐	☐	☐	Current misuse of drugs/alcohol	☐	☐	☐

PROTECTIVE FACTORS *(describe)* **:**

LEVEL OF SUICIDE RISK (total score): ☐ **LOW (<7)** ☐ **MODERATE (7-14)** ☐ **HIGH (>14)**

AGGRESSION/VIOLENCE Static (historical) factors	Yes (1)	No (0)	Not Known	**Dynamic (current) risk factor**	Yes (1)	No (0)	Not Known
Recent incidents of violence	☐	☐	☐	Expressing intent to harm others	☐	☐	☐
Previous use of weapons	☐	☐	☐	Access to available means	☐	☐	☐
Male	☐	☐	☐	Paranoid ideation about others	☐	☐	☐
Under 35 years old	☐	☐	☐	Violent command hallucinations	☐	☐	☐
Criminal history	☐	☐	☐	Anger, frustration or agitation	☐	☐	☐
Previous dangerous acts	☐	☐	☐	Preoccupation with violent ideas	☐	☐	☐
Childhood abuse	☐	☐	☐	Inappropriate sexual behaviour	☐	☐	☐
Role instability	☐	☐	☐	Reduced ability to control self	☐	☐	☐
History of drug/alcohol misuse	☐	☐	☐	Current misuse of drugs/alcohol	☐	☐	☐

PROTECTIVE FACTORS *(describe)* **:**

BRIEF RISK ASSESSMENT

Residential Referral

LEVEL OF SUICIDE RISK (total score): ☐ **LOW (<7)** ☐ **MODERATE (7-14)** ☐ **HIGH (>14)**	
OTHER RISKS IDENTIFIED (AND RISK FACTORS)	
RISK MANAGEMENT ISSUES (please ensure alerts are noted here)	
(To be completed by assessing clinician) **FULL NAME:** **SIGNATURE:** **DATE:**	
ORGANISATION/ FACILITY: **POSITION HELD:**	
ADDRESS: **PHONE:**	
(Where appropriate, management plan to be acknowledged by requesting medical practitioner) **FULL NAME:** **DESIGNATION:** **SIGNATURE:** **DATE:**	

PLEASE COMPLETE THE FORM AND RETURN TO RICHMOND WELLBEING

F: (08) 9258 3090
E: intake@rw.org.au
P: PO Box 682, Bentley WA 6982

Richmond Wellbeing Inc.
ABN: 36 658 041 325
Charitable Collections Licence No: 20566
P: PO Box 682, Bentley WA 6982
T: 1800 742 466

RESPECT CULTURE

TRANSLATING AND INTERPRETING SERVICE

NATIONAL RELAY SERVICE

Quality Improvement Council 'Yes ... we are a QIC accredited organisation'

Richmond Wellbeing
PO Box 682, Bentley, WA 6982
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