

Referral Form:

Aboriginal Outreach Referral Form

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. If you require assistance in selecting the right service, please contact our Intake Team at intake@rw.org.au or call 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			

Preferred method of contact

Text	Phone call
Email	Mail

What was your sex recorded at birth?

*Note - there is a separate question about gender

Female	Male
Another term (please specify):	

How do you describe your gender?

Gender refers to current gender, which may be different to sex recorded at birth and may be different to what is indicated on legal documents.

Man or male	Woman or female
Non-binary	Prefer not to say
[I/They] use a different term (please specify):	

Were you born with a variation of sex characteristics (sometimes called 'intersex' or 'DSD')?

Yes	No
Unsure/ Dont know	Prefer not to say

How do you describe your sexual orientation?

Straight (heterosexual)	Gay or lesbian
Bisexual	I use a different term (please specify):
Unsure/Dont know	Prefer not to answer

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Applicant to Complete (cont.)

Pronouns

They/Them/Theirs He/Him/His Other:
She/Her/Hers My Name/None

Relationship status

Single Divorce Self Describe:
Married Widowed
Separated Defacto

Do you identify as Aboriginal or Torres Strait Islander?

Yes - Aboriginal No
Yes - Torres Strait Islander Prefer not to Say
Yes - Aboriginal and Torres Strait Islander

Country of Birth

Do you identify as Culturally and Linguistically Diverse (CaLD)?

Yes No Prefer not to say

Main language spoken

English Other:

Interpreter required

Yes No

Children

Yes No

Living

Independently Family/Carer Other:

Source of income

Occupation: Youth allowance
Age pension Paid work
Disability pension Department of Veteran's Affairs
Unemployment (Newstart) Other:

Do you hold a DVA card?

Yes No

If yes, what type? Gold White Other

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Contacts

Nominated support person (next of kin / alternative contact)

Name		Relationship	
Phone		Mobile	
Email			

Do you have a case manager? Yes No

Name		Organisation	
Phone		Mobile	
Email			

Do you have a guardian appointed? Yes No

Name		Email	
Phone		Mobile	

Do you have a public trustee appointed? Yes No

Name		Email	
Phone		Mobile	

Do you have a GP? Yes No

Name		Email	
Phone		Mobile	

Which of the above is your preferred contact?

- | | |
|---|---|
| <input type="checkbox"/> Support person | <input type="checkbox"/> Public trustee |
| <input type="checkbox"/> Case manager | <input type="checkbox"/> GP |
| <input type="checkbox"/> Guardian | |

What is their preferred contact method?

- | | |
|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Text | <input type="checkbox"/> Email |
| <input type="checkbox"/> Phone Call | <input type="checkbox"/> Mail |

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Support and Areas of Need

Current Diagnosis/Disability

Yes

No

If yes, please provide more 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 services?

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 areas are you passionate about?

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Support and Areas of Need

Existing NDIS Plan?

Yes

No

NDIS Plan Number:

Any mental health issues you currently receive treatment or support for?

Yes

No

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

Any physical health concerns you currently receive treatment or support for?

Yes

No

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

Do you have any legal issues we need to know about?

Yes

No

(e.g. outstanding charges, convictions or a community treatment order)

If yes, please provide details?

Do you have any Alcohol or Other Drug issues?

Yes

No

If yes, please provide details?

Are you currently linked with any Alcohol or Other Drug services?

Yes

No

If yes, please provide details?

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Consent

Terms and Conditions

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		Date	
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To submit please email completed form to our Intake Officer at intake@rw.org.au