

Referral Form

Servicing people in the North Coast NSW Primary Health Network (PHN) catchment area, Connect to Wellbeing North Coast provides an intake, triage and assessment service that facilitates access to the service(s) that best support the mental health needs of the consumer.



If the consumer has acute mental health needs, refer to the Acute Care Team or NSW Mental Health Line 1800 011 511

Referrer Details

Referrer name _____ Role / Organisation _____

Address _____ Suburb _____ Postcode _____

Phone _____ Fax _____ *Email _____

*To receive notification that this referral has been allocated, email address is required

Consumer Details

Full name _____ Preferred name _____

DOB _____ Gender _____ Pronouns _____

Address _____ Postcode _____

No fixed address Mobile _____ Email _____

Interpreter required? Yes - Language _____ No

Referral Support Person

Contact if the consumer is unavailable. If the consumer is a child, provide the details of the responsible parent or guardian.

Relationship/role _____ Full name _____

Agency _____ Phone _____

Email _____

Consent to Share Information

The Privacy Act requires that the consumer sign this form to provide consent for the release of their information.

By signing below, the consumer gives consent for Connect to Wellbeing to seek and share information concerning matters related to this application, with the North Coast Primary Health Network, the emergency contact outlined in this form, and other service providers relevant to this referral.

The consumer also gives consent to their information being used for statistical and evaluation purposes to improve mental health services in Australia. They understand that this will include details about them such as date of birth, gender and types of services they use, but will not include their name, address or Medicare/Pension/Health Care Card numbers.

Consumer signature _____ or Verbal Consent Date _____

Guardian / Parent if a child Tick if applicable

The referrer agrees that all information submitted in this referral is an accurate reflection of the consumer's support needs and is correct with no information withheld, so Connect to Wellbeing North Coast can fulfill its duty of care to consumers, staff and other partner agencies.

Referrer signature _____ Date _____

Referral Notes (Any additional information that may support the consumer and referral)

Referral Options Please indicate the type of care required for the consumer.

Low Intensity/Early Intervention Strategies

Telephone and web-based psychological interventions and support for people with, or at risk from mild mental illness.

Mild to Moderate - Psychological Therapies - Healthy Minds

(Consumers who can afford gap fees should be referred to Medicare Better Access)

- For people who would benefit from short-term goal-focussed psychological therapies and cannot afford Medicare subsidised mental health services due to gap payments.
- For people experiencing suicidal ideation.
- For people impacted by a declared extreme climatic event.

Severe and Complex - Mental Health Nursing Service

Clinical care coordination for people with complex mental illness, provided by a mental health nurse in conjunction with GP and Psychiatrist.

Psychosocial Support

Psychosocial support for people with complex mental illness, including services designed to improve social skills, manage daily living needs and support independence.

Psychiatry Services - Telehealth

Specialist video consultations. Referrals must be made by GP or Nurse Practitioner only and can be in addition to other services.

*Please note: Telehealth Psychiatry may not be bulk billed; fees and rebates may vary depending on the service.

If you are unsure, please leave unchecked and Connect to Wellbeing will determine the most appropriate level of care using the information provided in the referral. The referred and/or the referrer may be contacted for additional information. All referred consumers will have an intake and assessment completed to determine service level and type (refer to: <https://iar-dst.online/>)

[Submit Referral Form](#)

Phone 1300 160 339 | Fax 02 8212 8936 | connecttowellbeingNC@neaminational.org.au



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