

## Referral Form

Care Connect provides person-centred psychological and social support for people of any age who have recently attempted suicide or significant self-harm. This service is currently offered in the Kempsey, Bellingen, Macksville, Nambucca Valley, and Port Macquarie areas.

### Referring Organisation Details

Organisation:

Contact Person:

Date:

Phone:

### Participant Details

First Name:

Last Name:

Preferred Name:

Date of Birth:

Phone:

Email:

Address:

Preferred Method of Contact:

Phone

Text

Email

Mail

All further questions are optional, your responses won't impact on access to the program or supports.

Gender:

Female

Male

Other

Do they identify as LGBTIQSB?

Yes

No

Indigenous Status:

Aboriginal

Torres Strait Islander

Neither

Country of Birth:

Australia

Other (please specify)

Main Language Spoken:

English

Other (please specify)

Do they identify as Culturally and Linguistically Diverse?

Yes

No

Do they identify as a person with a disability?

Yes

No

If yes, please specify:

Hearing

Intellectual / Learning

Mental Illness

Physical

Speech

Vision

Other

Did they present to hospital following a suicide attempt?

Yes

No

Unsure

Are they currently an inpatient?

Yes

No

Unsure

Hospital / Facility Name:



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What are the primary reasons you would like assistance from Care Connect?

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Summary of Presenting Issues & Details of Suicide Attempt:

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Psychosocial Factors Impacting Participant:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Alcohol & Other Drugs      | <input type="checkbox"/> Domestic Violence     | <input type="checkbox"/> Financial Stress          |
| <input type="checkbox"/> Housing / Living Situation | <input type="checkbox"/> Legal Issues          | <input type="checkbox"/> Physical Health           |
| <input type="checkbox"/> Recent Loss                | <input type="checkbox"/> Relationship Problems | <input type="checkbox"/> Social Issues / Isolation |
| <input type="checkbox"/> Trauma                     | <input type="checkbox"/> Vulnerability         | <input type="checkbox"/> Other (please specify)    |

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Relevant Background Mental Health & Suicidality Information:

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List of Current Medication:

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List of Current Supports:

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Factors Impacting Worker or Home Visit Safety:

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Is there anything else we should know?

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Has the participant given verbal consent that they would like to engage with Social Futures and are willing to be contacted?

Yes

No

Date Consented:

Once you have completed as much of this form as you are able, please return to:

[careconnect@socialfutures.org.au](mailto:careconnect@socialfutures.org.au)

1800 718 573

[socialfutures.org.au/care-connect](https://socialfutures.org.au/care-connect)



We acknowledge the Traditional Custodians of the land where we live and work and their continuing connection to land, water, sea and community. We pay respects to Australia's First Peoples, to their unique and diverse cultures, and to Elders past, present and future.

Inclusion is about the actions we take every day. We welcome, support, and celebrate diversity.