

Living Well with Serious Illness (Gawler/Barossa)

Referral Form for Psychological Support/Care Coordination



Service requested: Psychological Support Care Coordination

Client details

Name:			
DOB:		Gender:	Age:
Phone:		Mobile:	
Residential Address:		Does the client identify as an Aboriginal or Torres Strait Islander?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Postal Address			

Next of Kin details

Name:		Phone:	
Address		Postal Address:	

Referrer details

Name:		Phone/email/fax:	
Organisation:		Address:	

GP details

Name		Phone/ e-mail/ Fax	
Practice:		Address:	

Medical history/ Identified Issues/ relevant information

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Specialists	
Other health providers involved in patient's care:	Identified risks
	E.g. Infections; risk of suicide or self-harm Please note this is not a crisis service. Refer to emergency service or mental health services for urgent attention.

Record of client consent
<p>I, _____ (client name – please print clearly), understand that the aim of this referral to Sonder is to assist me in addressing my current issues. This involves attending an assessment session with a view to a referral to an appropriate clinician or services for further assistance. I agree to be a part of the process with the knowledge that:</p> <ul style="list-style-type: none">• My medical history will be shared with the GP and clinician of the service chosen/and personnel of the chosen service where relevant• The information collected is private and will be kept confidential unless agreed upon by all parties to be shared• No medico-legal report will be provided <p>Client signature: _____ Date _____</p> <p>GP signature: _____ Date _____</p>

Please fax completed referral form to Sonder on (08) 8252 9433.