

WESTERN SYDNEY PARTNERS IN RECOVERY CLIENT INFORMATION

Please complete ALL areas and attach available reports or assessments

The Partners in Recovery program aims to better support people with a severe and persistent mental illness who also have complex needs and require substantial support. This program is for people who:

- | | |
|---|--|
| <input type="checkbox"/> have a severe and persistent mental illness | <input type="checkbox"/> are 25 to 60 years of age |
| <input type="checkbox"/> are not receiving, but require multiple services and support | <input type="checkbox"/> permanent Australian resident |
| <input type="checkbox"/> need substantial assistance to engage with service | |

CLIENT

First Name				Last Name			
Date of Birth		Estimate of age		Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unstated
Street Address				Medicare No.			
Suburb				Postcode		State	
Phone No.				Mobile			
Other Contact				Email			

REFERRER

First Name				Last Name			
Name of Organisation				OR	Self referral <input type="checkbox"/>	Family/Friend <input type="checkbox"/>	Carer <input type="checkbox"/>
Position				OR	Relationship to client:		
Street Address							
Suburb				Postcode		State	NSW
Phone No.				Mobile			
Email				Other contact			

OTHER INFORMATION

Country of birth				Considerations with communication required? Give details.			
Aboriginal	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<i>(Tick both if required)</i>	Interpreter	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Torres Strait Islander	<input type="checkbox"/> YES	<input type="checkbox"/> NO		Reading, writing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Language spoken at home				Vision	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Other languages				Hearing	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Please complete the following (add additional sheet if more details available)

1. Mental health - Reported mental illness, diagnosis, type of mental health issues past and present?

2. Living skills, social, cultural and family - comment on current home and daily living, supports, family concerns, children etc.

3. Housing, finance, employment or other assistance currently being provided

Please comment on current situation - Dept Housing, homelessness, Centrelink, home/community care, etc

4. Medical or health issues - Diabetes; limited mobility; high blood pressure; cancer; dental or medication issues, etc

5. How do you think Partners in Recovery could assist? - which supports or services might be needed.

Is there anything we should be aware of when visiting the home?

Have you a nominated carer or guardian? YES Name: Contact:

The consumer consents to WSPiR contacting the agencies listed on the referral and a willingness to take part in the program. NDIS Participant YES

YES NO

Do you feel you (client) are a risk to yourself or others? YES If yes, give details

CURRENT SERVICES

*Services used in the last **Twelve** months. Consider all health and community services including doctors and psychologists*

Agency	Service Type	Record contact details or other information as appropriate (e.g. key contact)

If you have any questions or problems completing this form, please call Intake Hub on (02) 8811 7650 or wspir@wentwest.com.au and we will assist you.