

Mental Health Community Support Worker Referral			
Date:		Date of Birth:	
Client Name:		NHI:	
Address:		Ethnicity:	
		Iwi:	
		Gender:	
Contact Tel Nos:			
Mental Health Diagnosis:			
Other Conditions:			
Referrer Information		Medical/Clinical Care	
Name:		Name:	
Organisation:		Organisation:	
Phone:		Phone:	
Email:		Email:	
CRITERIA AND SUPPORTING INFORMATION FOR COMMUNITY SUPPORT WORKER			
<p>1. Anticipated role of CSW _____</p> <p>2. Due to their current mental health/AOD issues, the client requires assistance with any of the following; (tick the boxes)</p> <p><input type="checkbox"/> Activities and routines of daily living including household management and/or personal cares</p> <p><input type="checkbox"/> Employment issues (including volunteering)</p> <p><input type="checkbox"/> Exercise and healthy living</p> <p><input type="checkbox"/> Financial skills and budgeting</p> <p><input type="checkbox"/> Housing issues</p> <p><input type="checkbox"/> Medication routines</p> <p><input type="checkbox"/> Relationships with children, family, friends, workmates, employers</p> <p><input type="checkbox"/> Socialisation and connecting with natural community supports</p> <p>3. Briefly outline Client's current living situation: _____</p> <p>4. Any concerns or risks? _____</p> <p>5. Any natural supports currently in place? _____</p> <p>6. Previous contact with SMHS – please attach additional information; eg crisis plan, discharge summary, treatment plan cultural assessment.</p> <p>7. Are any other agencies involved such as Justice/Early Start?</p> <p>8. Has client given consent for referral and information sharing? (Further information is available for client to read on HealthInfo). <input type="checkbox"/> YES</p> <p>If the client does not fulfil the above criteria, please see HealthPathways for information about other community mental health supports.</p>			
Has the person identified a specific Service Provider?			
<input type="checkbox"/> Any provider	Mainstream Provider <input type="checkbox"/> Comcare Trust <input type="checkbox"/> Emerge Aotearoa <input type="checkbox"/> Mental Health NZ 65+ <input type="checkbox"/> Pathways Health Ltd <input type="checkbox"/> Stepping Stone Trust	Kaupapa Maori <input type="checkbox"/> Kakakura Health <input type="checkbox"/> Purapura Whetu	Preference <input type="checkbox"/> Female <input type="checkbox"/> Male