Referral Form
Wellbeing Connect

Please complete and email with attachments to: wellbeingconnect@rfq.com.au

1. Person being referred				
Full name		**Preferred name**		
Date of birth		**Pronouns / gender identity**		
LGBTQIA+		**Disability status**		
Phone number		**Email address**		
Residential address *(including suburb and postcode)*				
Preferred contact method		**Safe to leave a message?**	☐ Yes	☐ No
Primary language		**Interpreter required?**	☐ Yes	☐ No
Indigenous identity		**Cultural identity / community**		
Accessibility or communication requirements		**Current accommodation status**		
NDIS status		**Mental Health Act status**		

2. Consent and referral awareness
☐ The person has been informed of this referral, has consented to the referral and sharing of relevant information, and this consent has been documented in the referring service's clinical record.
Are there any limits on contact/information sharing, explain why and what action is requested

3. Referrer details			
☐ **Self-referred - skip to section 4**			
Referrer name		**Position / role**	
Organisation / service		**Clinical team / program**	
Phone number		**Email address**	
Date of referral		**Preferred contact method**	

4. Reasons for referral and person-defined priorities
What are your / the person's recent changes, current concerns?

What matters most to you / the person, and what would you / they like support with? (*Where possible, use the person's own words*)

5. Current care and support network

Service / person	Name and organisation	Phone / email	Role and current involvement
General Practitioner			
Psychiatrist / treating clinician			
Mental health / hospital team			
Psychologist / allied health			
Psychosocial / NDIS / community supports			
Family, carer, kin or support person			
Referrer signature / confirmation		**Date**	

Office use only

Date received			**Received by**		
Referral registered in approved system	☐ Yes	☐ No	**Duplicate / existing record checked**	☐ Yes	☐ No
Allocated worker / support pathway			**Priority**		