**National Psychosocial Support Measure (NPSM)**

**Referral form**

Referrals can be made via:

* Talking to the Mind Customer Service Centre on 1300 286 463, or
* Completing this form and e-mailing it to [mindconnect@mindaustralia.org.au](mailto:mindconnect@mindaustralia.org.au) , or fax it to 03 9943 9298. To safeguard sensitive information we prefer fax.

For more information go to <https://www.murrayphn.org.au/prs>

**Date of referral:**

**Consumer information:**

|  |  |
| --- | --- |
| Name |  |
| Preferred name |  |
| Date of birth or estimate |  |
| Address |  |
| Phone |  |
| Email |  |

|  |  |
| --- | --- |
| Indigenous status | □ No, not Indigenous  □ Aboriginal  □ Torres Strait Islander  □ Both Aboriginal and Torres Strait Islander |
| From a Culturally & Linguistically Diverse (CALD) background?  If yes, please detail:   * Background. * First language, if applicable. * Is an interpreter is required? | □ Yes □ No |
| Gender | □ Identifies as male  □ Identifies as female  □ Non-binary  □ Prefers not to say |

**Referrer details (if self-referral leave blank):**

|  |  |
| --- | --- |
| Name |  |
| Organisation |  |
| Relationship to the person |  |
| Address |  |
| Phone |  |
| Fax |  |
| E-mail |  |

**Does the consumer meet the NPSM eligibility criteria?**

|  |  |
| --- | --- |
| Aged 18 years and over? | □ Yes □ No |
| Been diagnosed with or appears to have a severe mental illness? | □ Yes □ No |
| Mental illness severely affects activities of day-to-day life? | □ Yes □ No |
| Is not receiving federally funded services such as the National Disability Insurance Scheme (NDIS), or state funded services such as the Early Intervention Psychosocial Support Response (EIPSR)? | □ Yes □ No |
| Consents to this referral? | □ Yes □ No |
| Resides in the Central Victoria (Loddon Campaspe) or North East (Ovens Murray) regions within the Murray Primary Health Network (PHN) catchment area? [[1]](#endnote-1) | □ Yes □ No |

**Health:**

|  |  |
| --- | --- |
| Mental health diagnosis/s if known |  |
| Date of onset if known |  |
| Please describe other health problems the person may experience, which may include:   * Acquired Brain Injury (ABI) * Alcohol & Other Drug (AOD) misuse * Chronic condition such as diabetes, heart disease, lung disease, renal disease and chronic pain * Intellectual or cognitive disability * Physical disability * Sensory impairment |  |

**Tick any of the domains below that are impacted by the person’s health concerns**

|  |  |  |
| --- | --- | --- |
| □ Accommodation at risk | □ Homeless | □ Alcohol and other drug misuse |
| □ Carer stress | □ Cultural and spiritual | □ Day time activities |
| □ Education or training | □ Employment or volunteering | □ Financial stress or budgeting issues |
| □ Food | □ Gambling | □ Legal issues |
| □ Looking after the home | □ Parenting issues | □ Psychological distress |
| □ Psychotic symptoms | □ Physical health and wellbeing | □ Relationship issues (including social skills, family and friendships) |
| □ Safety to self or others | □ Self-care | □ Other, please specify |

**What supports (if any) are currently in place?**

|  |  |
| --- | --- |
| Does the person have a carer/emergency contact?  □ Yes □ No | If yes, please provide name and contact details |
| GP?  □ Yes □ No |  |
| Psychiatrist?  □ Yes □ No |  |
| Psychologist/Mental Health Social Worker?  □ Yes □ No |  |
| Another formal or informal support?  □ Yes □ No |  |

**Risk history** (Please attach risk plan/assessment, if applicable.)

|  |  |
| --- | --- |
| Has the person been at risk of harm to self or others in the past?    If yes, please specify  Is this risk still current? | □ Yes □ No  □ Yes □ No |
| Have there been any risk factors to worker safety in the past? (e.g. aggression, threats, behavioural or environmental issues - includes risks such as alcohol or drug use, neighbours, animals, etc.)  If yes, please specify  Is this risk still current? | □ Yes □ No  □ Yes □ No |

**Reason for referral**

|  |
| --- |
| Please describe the reason for the referral and the goals the person has. Goals may relate to the domain areas identified above as impacted by their mental health. |

1. For details of the Murray PHN catchment area and the providers who provide NPSM in the North West (Mallee) and Goulburn Valley regions go to <https://www.murrayphn.org.au/prs> [↑](#endnote-ref-1)