

Referral Form

Central Adelaide and Hills Partners in Recovery

For more information, or contact us on 1800 894 448 or find our webpage at:

www.neaminational.org.au/get-support/find-service/central-adelaide-and-hills-pir

[Click here to email the completed form to CAHPIR@neaminational.org.au](mailto:CAHPIR@neaminational.org.au)

or Fax the form to 08 8465 7053



Central Adelaide and Hills

**Partners
in Recovery**

Date

Section A - Consumer information



1. Personal details

Name Address

Preferred Name Phone

DOB/Estimate Email

2. Indigenous status

Aboriginal
only

Torres Strait
Islander only

Both Aboriginal
and Torres Strait
Islander

Neither Aboriginal
nor Torres Strait
Islander

3. Is the person from a Culturally and Linguistically Diverse (CALD) background:

Yes - please describe: No

4. Is an interpreter required for effective communication:

Yes - please describe: No

3. Gender

Male

Female

Other

Prefer not to say

Section B - Referral details



1. Referrer information (if self-referring please leave blank)

Name Organisation

Phone Relationship to the person

Fax Type of support provided

Email

Section C - People/organisations that support you



1. Do you/the person have a carer?:

Yes- please provide details below:

No

2. Are you/the person currently receiving support through other services:

Yes- please provide details below:

No

3. Have you/the person had difficulties accessing needed services?

Yes- please provide details below:

No

4. Have you/the person tested your/their eligibility for the NDIS yet?

Yes- please provide details below:

No

Section D - Health



1. The person has/ appears to have a mental illness that is severe and persistent in duration:

Yes

No

2. Mental health diagnosis (if known)

Year of first diagnosis

3. Please tick any other co-existing factors:

Drug and/ or
Alcohol use

Physical Disability

Sensory/ Speech
Disability

Dementia

Significant
Physical Health
Issues

Intellectual/
Cognitive
Disability

Acquired Brain
Injury

Other - please
specify:

4. Other relevant health information:

Section E - Reason for referral



1. Please describe the reason for referral (more space is provided on the following page)

Section E - Reason for referral continued



Section F - Documents attached



Documents to attach to the referral (if available)

Risk assessment

Care plan or a
similar document

Discharge
summary

Any other
relevant
assessment