Richmond Fellowship Queensland

National Psychosocial Support (NPS) Program Referral Form

Please return the completed form to:

Email: maryborough@rfq.com.au

For further information, please call:

(07) 3363 2644

Who We Are

Richmond Fellowship Qld (RFQ) is not for profit community-owned organisation that supports people facing mental health challenges and social disadvantage by providing leading recovery-oriented psychosocial services.

Purpose of the Program

The NPS service will assist participants for improved mental health and wellbeing, and serves to complement Queensland Health in psychosocial support for those ineligible for NDIS.

Program Eligibility

To be eligible for support the person must:

- have a severe mental illness and is unlikely to be eligible for NDIS entry
- aged 18-65, however discretion may be exercised on a case by case basis
- may not meet the threshold of having a severe mental illness but may be at risk of suicide as a result of suicidal ideation and/or suicidal behaviours.
- has an associated level of reduced psychosocial functional capacity
- is not being assisted by the NDIS
- is not a participant of existing community mental health programs, including PIR, D2DL and PHaMs programs, for whom separate continuity of support arrangements are being arrange
- is not a participant of a mental health program funded by Queensland Health
- presents with psychological distress, suicidal ideation or crisis

Confidentiality

RFQ values people's privacy and right to confidentiality and has quality control procedures to ensure the information provided is safeguarded. RFQ adheres to the Australian Privacy Principles (APP's) set out in the Privacy Act 1988, amended by the Privacy Amendment (Enhancing Privacy Protection) Act 2012 through the RFQ Privacy Policy and the RFQ Privacy Collection Statement.

Sending a Referral Form

Please send completed form, marked confidential to maryborough@rfq.com.au *(email is RFQ's preferred method of referral).*

Personal Details of Client

Surname		Given names	
Date of birth	/ /	Gender	
Address		Phone	

Cultural Needs of Indigenous Australians

Does the client identify as:

☐ Aboriginal but not Torres Strait Islander origin ☐ Torres Strait Islander but not Aboriginal origin

☐ Both Aboriginal and Torres Strait Islander origin ☐ Neither Aboriginal nor Torres Strait Islander origin

☐ Other, please specify:

Cultural and Linguistic Diversity

Country of Birth	Year of first arriving in Australia	Main Language Spoken
Interpreter required?	☐ Yes ☐ No	

Decision Making

Please identify if the client has an administrator appointed for decision making? If yes, please identify who has been appointed for each matter:

The Adult Guardian	No ☐ Yes ☐	
Power Of Attorney	No ☐ Yes ☐	
Advanced Health Directive	No ☐ Yes ☐	
The Public Trustee	No ☐ Yes ☐	
Enduring Power of Attorney	No ☐ Yes ☐	
Other	No ☐ Yes ☐	

Next of Kin (NOK)		GP Contact Details	
Name		Name	
Relationship		Email	
Address		Clinic address	
Phone number		Phone number	
☐ Contact in case of emergency		We routinely liaise with and send correspondence to GP's at the beginning and end of treatment. Please tick this if you do NOT wish for this to occur ☐	

Referrer Information and Signature

Name of Referrer		Organisation	
Position		Email	
Office address		Phone	

By signing this form:

I confirm that the client (or if applicable, their interpreter or decision maker), are in agreement with their referral to this program, and have consented to the information in this referral form being provided to RFQ.		
Referrer Signature:	Date:	/ /
Please attach further information to inform our assessment and support.		

Clinical Information			
Brief reason for referral:			
Please provide details of the person's diagnosed mental illness, OR the early symptoms of mental illness they are experiencing:			
Please list the person's current prescribed medication (attach as required):			
Are there any side effects we need to be aware of?	No ☐ Yes ☐	Details:	
Please provide any information regarding the person's mental health or physical health history that may inform our services for the person (attach as required):	No ☐ Yes ☐	Details:	
Are there any current alerts for this client? For example: health alerts, risks, orders, etc – please list. If so, please provide details of risk management in relation to the alerts (attach as required):	No ☐ Yes ☐	Details:	
Is the person at risk of self-harm, suicide or harm to others?	No ☐ Yes ☐	Details:	
Are there any other health needs that we need to be aware of?	No ☐ Yes ☐	Details:	
Are there any other agencies currently involved in the clients care? (i.e. Government, Non-Government, GP, psychiatrist, Probation & Parole, Child Safety)	No ☐ Yes ☐	Details:	

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