

Connect to Wellbeing provides an intake, triage and assessment service that facilitates access to the service(s) that best support the mental health needs of the individual.

i Use this referral form to recommend a level of service for people in the Northern Territory Primary Health Network catchment area.

! **If the person has acute mental health needs and is at risk, refer to the Mental Health Access Team (MHAT) 1800 682 288**

The Connect to Wellbeing triage and intake team will review the referral your recommendation and determine the right level of intervention, according to the wants and needs of the client.

Date of referral			
Services required for	child (0-12)	youth (12-25)	adult (18+)

Please select your recommended service option for the person

<input type="checkbox"/>	Low-Intensity Strategies
	Psychological interventions for people with, or at risk of, mild mental illness. (As available can be individual, group, face to face, telephone, web-based supports).
<input type="checkbox"/>	Short Term Psychological Therapies
	For low income / financially disadvantaged people with a non-acute moderate mental health condition who would benefit from short-term goal focused psychological strategies.
	Sessions Required (select only one of the below)
	Sessions 1–6 (initial sessions)
	Sessions 7–10 (following review post the initial 6 sessions, further sessions are recommended)
	Sessions 7 – 12 if Aboriginal or Torres Strait Islander clients.
	Group sessions (Can be selected in addition to above)
	Group sessions (Groups will be advertised as available)
	Confirm eligibility requirements (all required)
	Mental Health Treatment Plan (MHTP) is attached, OR Appendix A is completed.
	The person is experiencing financial hardship (i.e. Client is unable to afford Psychological services under Medicare)
<input type="checkbox"/>	Suicide Prevention Services – Low to Moderate Suicide Risk
	! NOT intended to support people who are at acute and immediate risk.
	The person will be contacted within 24hrs (business days) of the date of referral and offered an appointment within 72hrs .
	The person requires intensive support / psychological therapy

Consumer Details

Full name			
Preferred name		Date of Birth	
Gender	Male	Female	Other
Street address			<input type="checkbox"/> No fixed address
Suburb		Postcode	
Phone		Mobile	
Email			
Preferred contact	Phone	Email	SMS
	OK to leave voicemail	Ok to leave email	Ok to leave SMS
Country of Birth	Australia	Other	
Proficiency in spoken English	Very Well	Well	Not Well
	Not at all	NA	
Interpreter required	Yes	language	
Employment status	Working Full Time	Working Part-time	
	Unemployed	Not in workforce	
Income status	Paid Employment	Disability Pension	Pension / Benefit
	Nil income	Other	
Dept Veterans Affairs (DVA) Card	Yes	Expiry date	
Marital Status	Married	Never Married	Widowed
	Divorced	Separated	


Emergency Contact

A person to contact in an emergency or if the referred person is unavailable. If the consumer is a child, provide the details of the responsible parent or guardian.

Primary contact		
Role/relationship		Phone
Email		
Agency		

Consent to share information

Consumer consent or Guardian/Parent if a child

 The Privacy Act requires the person referred to sign this form giving their consent to release their information and details.

I give consent for Connect to Wellbeing to seek and share information concerning matters related to this application with relevant Local Health District services, the emergency contact outlined in this form, and other service providers relevant to this referral.


I give consent to de-identified information being provided to NT PHN and the Australian Government nominated Minimum Data Set for statistical and evaluation purposes to improve mental health services in Australia.

Consumer signature

Date

Referrer Details

Referrer name			
Provider number		Role/relationship	
Phone		Fax	
Email			
Address			

 The referrer agrees that all information submitted in this referral is an accurate reflection of the applicant's support needs, is correct with no information withheld and is necessary for Connect to Wellbeing to fulfil its duty of care to consumers, staff and other partner agencies.

Referrer signature

Date

What happens now

Fax this referral with a Mental Health Care Plan to Connect to Wellbeing via fax on 08 7906 2260 or email NT.ConnectToWellbeing@neaminational.org.au

A Connect to Wellbeing intake staff member will contact the person referred to validate the referral and schedule an appointment with a clinician to undertake an assessment.

[Submit Referral via email](#)

Contact Connect to Wellbeing

Phone 1800 899 855

Fax 08 7906 2260

Email NT.ConnectToWellbeing@neaminational.org.au



Connect to Wellbeing is a [Neami National](#) service funded by [Northern Territory PHN](#).

APPENDIX A - Additional referral information

i It is not necessary to complete Appendix A if a Mental Health Care Plan (MHCP) accompanies this referral form and contains the information below.

Provisional referrals

Health services, Allied Health professionals and community services can make a provisional referral.

i Provisional Referrals can only be accepted for clients who cannot attend a GP appointment for a referral.

Reason for referral			
Perinatal	Yes	No	
Outcome measures	SDQ score	K10 score	K5 score
Mental health diagnosis			
Medication			
Substance use			
Relevant History			
Risk			
Care team			

What happens now

Please attach any other relevant information or assessments if applicable or appropriate.

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