The Mental Illness Fellowship of WA
PO Box 1947, Midland DC, WA, 6936
Phone: 9237 8900
Email: angie.gallagher@mifwa.org.au
www.mifwa.org.au

Family Support- Referral Form

Please complete all details with Family Member (please print) Post your form to (address detailed above) or email angie.gallagher@mifwa.org.au	Date:
FAMILY NAME: _____ Other Names: _____DOB:_____	CONTACT NUMBER: _____ _____
ADDRESS:	POST CODE:

NAMES OF OTHER FAMILY MEMBERS AND AGES OF CHILDREN AT HOME :

1. _____ ☐ F ☐ M DOB: _____
2. _____ ☐ F ☐ M DOB: _____
3. _____ ☐ F ☐ M DOB: _____
4. _____ ☐ F ☐ M DOB: _____
5. _____ ☐ F ☐ M DOB: _____
6. _____ ☐ F ☐ M DOB: _____

Do any members' of the family have any Allergies? If so name:

Aboriginal or Torres Strait Islander: Yes: ☐ No:
CALD: Yes: No: Country of origin: _____

REASON FOR REFERRAL: i.e. What are the main concerns for the Participant?

_____
_____
_____
_____
_____

Has the family member been given the Parent Peer Support Program Brochure?
☐ Yes ☐ No

WHAT TYPE OF SUPPORT WOULD THE PARTICIPANT BENEFIT FROM?
(Please discuss with family member)

_____
_____
_____
_____
_____

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ARE ANY FAMILY MEMBERS INVOLVED WITH OTHER SUPPORT SERVICES?
(e.g. Any other MIFWA programmes, RUAH, ARAFMI, Mental Health Clinic, Wanslea, CLAN, Women's Health Care Services, Indigenous or Multicultural Services, Youth or Children's Services)

_____

_____

_____

_____

ANY HISTORY IN THE FAMILY OF ANY OF THE FOLLOWING?

VIOLENCE/AGGRE SSION	Yes	☐	No	☐
SUBSTANCE USE	Yes	☐	No	☐
SELF HARM	Yes	☐	No	☐

(We require this information for Occupational Health and Safety purposes)

Please comment:

_____

_____

_____

ANY OTHER GENERAL COMMENTS?

_____

_____

REFERRED BY (Name):	**TITLE/QUALIFICATION:**

PLEASE IDENTIFY METHOD OF REFERRAL: (tick and specify)

☐ **SELF** _____
☐ **GENERAL PRACTITIONER** _____
☐ **AGENCY** _____
☐ **CLINIC** _____
☐ **HOSPITAL** _____

SIGNED:	**CONTACT EMAIL ADDRESS:**	**CONTACT PHONE NUMBER:**

Address of Referring Agency or Person:

For Office use only

Referral recd (date):	By:	TITLE:

Following acceptance of referral, a comprehensive Needs Assessment will be arranged followed by a Participant Support Plan.