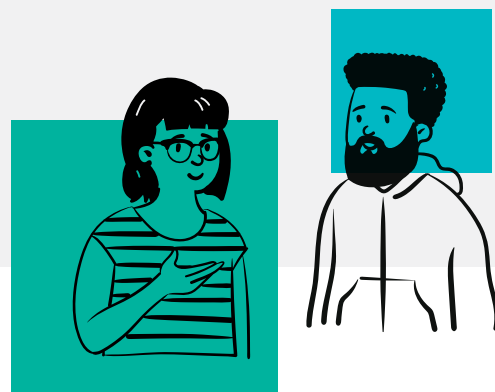


# Partners in Wellbeing



## Intake Referral Form / Screening Tool

### 1. Consent

I have received informed consent from the person to make a referral to Partners in Wellbeing on their behalf

The person has provided consent for their information to be shared for the purposes of making this referral

\_\_\_\_\_  
Signature (referrer)

\_\_\_\_\_  
Date

### 2. Referrer information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Organisation/service

\_\_\_\_\_  
Role

\_\_\_\_\_  
Contact number

\_\_\_\_\_  
Email

Describe the reasons for the referral/support needs.

What types of supports do you regularly provide to the person you are referring?

### 3. Consumer information

\_\_\_\_\_  
Full name

\_\_\_\_\_  
Preferred name

\_\_\_\_\_  
Gender

\_\_\_\_\_  
DOB

\_\_\_\_\_  
Relationship status

\_\_\_\_\_  
Address

\_\_\_\_\_  
Suburb

\_\_\_\_\_  
Postcode

\_\_\_\_\_  
Primary phone

\_\_\_\_\_  
Alternate contact number

\_\_\_\_\_  
Preferred contact method

\_\_\_\_\_  
Aboriginal/Torres Strait Islander

\_\_\_\_\_  
Country of birth

\_\_\_\_\_  
Visa status

\_\_\_\_\_  
Interpreter required?

\_\_\_\_\_  
Language

\_\_\_\_\_  
Australian resident?

### 4. Emergency contact

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship to participant

\_\_\_\_\_  
Contact number

\_\_\_\_\_  
Email

## 5. Immediate needs

Does the person have access to food and essentials? (including medications)      Yes      No

If no, provide details:

Does the person have a phone and data?      Yes      No

Does the person feel unsafe or at risk for any reason?      Yes      No

If no, provide details:

Please list further information or other immediate needs:

## 6. Other current supports

Does the person receive regular supports from services (other than your own), if known?

Yes      No

If yes, please list supports below.

Name	Organisation	Role	Contact info	Support impacted by COVID-19?	Verbal consent to contact service?

## 7. COVID-19 screen

Are you aware of the symptoms of COVID-19?      Yes      No

Are you or a member of your household displaying symptoms of COVID-19?      Yes      No

Have you been formally diagnosed with COVID-19?      Yes      No

Are you or a member of your household considered high risk\*?      Yes      No

*\*e.g. respiratory problems, age, autoimmune problem, asthma or other co-morbidities*

Are you currently completing voluntary or mandatory isolation?      Yes      No

If yes, how long have you been in mandatory isolation? Where and why are you isolating?

List other info related to the impact of COVID and associated restrictions that are being experienced by the person:

## 8. Housing and current living arrangement

Current living arrangements:

*(list alerts of concerns related to living arrangements e.g. homeless, at risk of homelessness, living in overcrowded housing, experiencing or at risk of family/domestic violence)*

## 9. Employment status

Employment status

Current income source

Current employment/income issues (if any):

## 10. Other relevant information

Please provide any other relevant information, including risks and complexities.

Alternatively, you can fax or email the form to Partners in Wellbeing:

Fax 03 9756 0144 | Email [partnersinwellbeing@each.com.au](mailto:partnersinwellbeing@each.com.au)

If you have any questions please the Partners in Wellbeing Team on 1300 375 330

