

Please submit all referrals to mentalhealth@centacare.org.au.

Email or call Centacare's Psychosocial Recovery Coaching Team, 8215 6700, for any questions or enquiries.

Referrer Information

Date:			
Name of referral source			
Organisation			
Contact details	Email		Phone
Nominee/Guardian	<input type="checkbox"/> Yes <input type="checkbox"/> No - Name:		
How did you hear about us?			
Conflict of Interest	Do you currently receive another Centacare service <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so confirmation obtained the referral has been made with full choice and control by the participate/plan nominee</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		

Participant details

Name of participant		DOB	
Address			
Contact details	Email		Phone
Emergency Contact	Name/Relationship		Phone
Cultural Identity	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Other:		
Interpreter required	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what language:		
NDIS Number			
NDIS Plan Dates	to		
Primary Disability	<input type="checkbox"/> Psychosocial <input type="checkbox"/> Comorbidity Details:		
Is the NDIS plan attached with the participant's permission?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Additional information			