

## SERVICE PROVIDER REFERRAL FORM

*The Youth Enhanced Support Service/Karrikin (YESS) is for young people aged 12 to 25 who have, or are at risk of, developing a severe mental illness, and can be supported in the primary care setting. This includes young people who may require more than the support that headspace Primary Care is funded to provide, but who do not meet the relevant NSW Health Community Mental Health Services criteria.*

**Which region is this young person being referred to?**

- North Sydney (Karrikin)       Nepean Blue Mountains       Western Sydney

***Please check the boxes below as a starting point to determine suitability for referral to YESS/Karrikin***

- The young person has, or is at risk of developing, a severe mental illness
- Will require more than 10 treatment sessions, or has severe complex issues requiring case management
- Does not require more than 12 months of treatment
- Does not meet criteria for NSW Health Community or Child and Adolescent/Youth Mental Health Service
- Is not at immediate risk of harm to self or others. If the young person requires urgent assistance, please call the Mental Health Telephone Access Line on 1800 011 511 or dial 000.

**Has the person consented to this referral?**

Yes       No

**If under 16 years, is a parent/guardian aware of the referral?**

Yes       No

If you have answered 'no' to the above question, your referral may not be accepted. Please contact us and we'll talk you through some other options.

Please note that **receipt of the referral does not indicate acceptance** to the YESS service. The suitability of the referral will be determined following review by our team. If you have any queries about your referral, please contact us on **1800 YESS PM (1800 9377 76)**, or at **yess@parramattamission.org.au** and we can discuss further.

***\*\*Please complete this form with as much information as possible and provide any supporting clinical documentation available as this will assist our team in determining suitability and the assessment process. If the referral does not have adequate information, please be aware that we may need to contact you for further information in order to proceed with the referral.***

### Section 1: YOUNG PERSON DETAILS

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First Name:	_____	Last Name:	_____
Gender:	_____	Preferred Pronoun(s):	_____
DOB:	_____		
School Name:	_____	Student Year:	_____
Country of Birth:	_____	Parents' Country of Birth:	_____
Preferred Language:	_____	Language Spoken at Home:	_____
Interpreter Needed:	_____	Interpreter Language:	_____
Phone Number:	_____		
Mobile Number:	_____		
Email Address:	_____		
Address:	_____		
Suburb:	_____	Postcode:	_____

### Section 2: NEXT OF KIN

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Full Name:	_____
Relationship to Young Person:	_____
Phone Number:	_____
Do we have permission to speak to this person?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Section 3: HEALTH INFORMATION

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**Presenting Issues/Reason for referral:**

Please attach any relevant assessment notes, discharge summaries, and/or additional information.

Please list details of primary mental/physical health diagnoses and any other conditions that impact on the young person's wellbeing:

**Current Medications/Treatments** (please provide details):

Antipsychotics    Antidepressants    Anxiolytics    Hypnotics/sedatives    Other

**Section 4: CURRENT AND HISTORIC SUPPORT DETAILS**

Is the Young Person currently, or have they previously been, engaged with any of the following:

*Please note: YESS works routinely with community GPs to coordinate care and at times, offer telepsychiatry appointments. In order for this service to be accessible, please ensure the relevant GP information and associated consent is outlined below.*

Care Provider Type	Please Select	Name	Contact Details	Consent to Liaise - tick if yes
General Practitioner				
School Counsellor				
Private Psychologist				
Psychologist – Assess Plus or Mental Health Care Plan				
Homelessness Provider				
Public Mental Health Service				
Psychiatrist				
Child Protection Agency				
Drug and Alcohol Service				
Employment Service				
Other				

## Section 5: DEMOGRAPHICS

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### Does the Young Person Identify as:

- |   |  |
|---|--|
| <input type="checkbox"/> Aboriginal             | <input type="checkbox"/> Aboriginal and Torres Strait Islander |
| <input type="checkbox"/> Torres Strait Islander | <input type="checkbox"/> Neither                               |

### Marital Status:

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Never married                     | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Married (registered and de facto) | <input type="checkbox"/> Divorced  |
| <input type="checkbox"/> Widowed                           |                                    |

### Housing Status:

- |   |   |
|---|---|
| <input type="checkbox"/> Owned Home                   | <input type="checkbox"/> Private Rental |
| <input type="checkbox"/> Social Housing Aboriginal    | <input type="checkbox"/> Boarding House |
| <input checked="" type="checkbox"/> Community Housing | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> Emergency Housing            | <input type="checkbox"/> Homeless       |

### Living Arrangement:

- |   |  |
|---|--|
| <input type="checkbox"/> Lives with parent(s)/guardian(s) | <input type="checkbox"/> Lives with partner  |
| <input type="checkbox"/> Lives alone                      | <input type="checkbox"/> Lives with children |
| <input type="checkbox"/> Lives with other family          |  |

### Employment Status:

- |   |  |
|---|--|
| <input type="checkbox"/> Full-time employment | <input type="checkbox"/> Part-time employment        |
| <input type="checkbox"/> Casual employment    | <input type="checkbox"/> Studying at school          |
| <input type="checkbox"/> Unemployed           | <input type="checkbox"/> Studying at university/TAFE |
| <input type="checkbox"/> Not in labour force  |  |

### Income Source:

- |   |  |
|---|--|
| <input type="checkbox"/> N/A – not in labour force  | <input type="checkbox"/> Compensation payments |
| <input type="checkbox"/> Paid employment            | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Disability Support Pension | <input type="checkbox"/> Nil income            |
| <input type="checkbox"/> Other pension or benefit   |  |

### NDIS Involvement?

- Yes    No

**Section 6: SAFETY CONSIDERATIONS: *Please note these are not exclusion criteria***

**Suicide?**  Yes  No

Details: \_\_\_\_\_

**Non-accidental self-injury?**  Yes  No

Details: \_\_\_\_\_

**Substance use?**  Yes  No

Details: \_\_\_\_\_

**Past physical or verbal aggression?**  Yes  No

Details: \_\_\_\_\_

**At risk of homelessness?**  Yes  No

Details: \_\_\_\_\_

**Risk taking and/or impulsive behaviour?**  Yes  No

Details: \_\_\_\_\_

**Section 7: ADDITIONAL INFORMATION**

Please outline any additional information, history, or anything else you or the young person would like to add:

**Section 8: REFERRING AGENT DETAILS**

For GPs in the Nepean Blue Mountains regions, please tick if interested in telehealth consultation with our Consultant Psychiatrist, and provide contact details below to coordinate telehealth session

Referring Agent Name: \_\_\_\_\_

Service/Organisation: \_\_\_\_\_

Designation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please send this referral to:

Email: [yess@parramattamission.org.au](mailto:yess@parramattamission.org.au)

Fax: 02 8820 0737

The referring agent will be contacted within 3 business days after receipt of the referral to discuss the next steps.

*Please note that receipt of the referral does not indicate acceptance to the Youth Enhanced Support Service/Karrikin. The suitability of the referral will be determined following review by our team.*