

Commonwealth Psychosocial Support program (CPS) intake form

Please complete all the details below (for both the referrer and the person being referred).

Eligibility criteria for the person being referred:

☐ Lives in Western Sydney region	☐ Has mental health condition affecting day-to-day life
☐ Not currently receiving similar psychosocial supports	☐ Is 16 or older

Supports required for the person being referred:

☐ Interested in applying for the National Disability Insurance Scheme (NDIS)	☐ 1:1 support
☐ Service navigation	☐ Group support with activities

Has this person given permission to have the referral made on their behalf?

☐ Yes	☐ No
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Is this person registered for NDIS?

☐ Yes	☐ No
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Details of person being referred

Full name:		DOB:	
Gender:	Preferred pronoun(s):		
Address:		Postcode:	
Phone number:		Mobile number:	
Can we leave a voicemail? ☐ Yes ☐ No		GP Mental Health Plan: ☐ Yes ☐ No	
Email address:		Country of birth:	
Interpreter needed: ☐ Yes ☐ No		Interpreter language:	
Language spoken at home:			

Does this person identify as any of the below?

☐ Aboriginal

☐ Torres Strait Islander

☐ Culturally and linguistically diverse

☐ LGBTQI

Is this a suicide referral?

☐ Yes

☐ No

National Disability Insurance Scheme

Select the box that best applies to the person being referred:

☐ The person has heard and understands what the NDIS can do to support them

☐ The person has requested an NDIS form but has not yet completed the submission

☐ The person has already submitted an NDIS application and is waiting for an outcome

☐ The person may be interested in submitting an NDIS application in the future

Secondary contact details

Full name:

Organisation:

Address:

Postcode:

Relationship to person being referred:

Phone number:

Email address:

Referrer's details

Full name:

Organisation:

Address:

Postcode:

Relationship to person being referred:

Phone number:

Email address:

Mental health information

Please list the mental health issues of the person being referred:

Has this person's mental illness been formally diagnosed?

☐ Yes

☐ No

Who was the diagnosis performed by?

☐ Psychologist

☐ Psychiatrist

☐ GP

☐ Counsellor

☐ Other (please specify):

Is this person currently seeing any of the following medical professionals for mental health?

☐ Psychologist

☐ Psychiatrist

☐ GP

☐ Counsellor

☐ Other (please specify):

Is this person currently prescribed medication for their mental health?

☐ Yes

☐ No

If yes, please specify:

Has this person been hospitalised for mental health needs within the last 3 years?

☐ Yes

☐ No

If yes, please give details of hospitalisations, including where, when, and for how long:

Current supports

Is this person currently receiving support from one or more of the following?

☐ Psychologist

☐ Psychiatrist

☐ GP

☐ Counsellor

☐ Community Mental Health

☐ Other support program

Please explain the services or treatment options this person has tried in the past, to assist with their mental health?

Financial situation

How does this person currently receive income?

☐ Employment

☐ Newstart Payment

☐ Carers Allowance

☐ DSP Payment

☐ Parenting Payment

☐ Sickness Benefit

☐ Other (please specify):

Functional capacity

Considering this person's ability to function daily, please tick the boxes where further assistance is required:

☐ Communication with others	☐ Social interaction
☐ Caring for children	☐ Learning
☐ Mobility	☐ Working
☐ Finances	☐ Self-care
☐ Caring for the home	☐ Attending appointments
☐ Managing medications	☐ Cooking
☐ Other (please specify):	

Supports needed

☐ Sourcing a GP	☐ Psychologist
☐ Psychiatrist	☐ Housing
☐ Alcohol and/or drug problems	☐ Financial assistance
☐ Family relationships	☐ Legal matters
☐ Custody issues	☐ Looking for employment
☐ Day-to-day living skills	☐ Social skills
☐ Education	☐ Applying for a DSP
☐ Parenting classes	☐ Mobility issues
☐ Other (please specify):	

Other conditions

Please list any other medical problems that the individual experiences, that impacts on their ability to function on a daily basis (including physical and intellectual issues):

Other information

Please add any other information you may consider relevant:

Please submit this completed intake form to CPS@uniting.org or call (02) 8599 4840 for assistance.
The Commonwealth Psychosocial Support program has been made possible by funding from Western Sydney Primary Health Network.