Mums and Kids Matter

Referral form

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Checklist

Please ensure the following:

1.	Woman is at least 16 years of age and has the capacity to provide informed consent to participate in the program	☐
2.	Woman is a current client of a NSW Public Mental Health Service	☐
3.	Woman has a current case manager within a NSW Public Mental Health Service	☐
4.	Woman has a diagnosed mental illness that is managed and stable	☐
5.	Woman requires parenting and psychosocial supports	☐
6.	Woman has capacity to live independently and care for the child	☐
7.	Current Mental Health Assessment is attached	☐
8.	Current Mental Health Risk Assessment is completed (page 5)	☐
9.	Current care plan is attached	☐
10.	Screening for Domestic Violence completed	☐
11.	Any other relevant reports e.g. admission and discharge summaries	☐
12.	Referral consent form (signed by the mother) is attached	☐

Services

Initial service(s) requested (tick as appropriate):

☐ **Short term community residential program**
Available to mothers and their children aged 0-5 years old.

☐ **In-home/community support package**
Available to mothers and their children, aged 0-5 years old, who may also have older children living with them.

Referring NSW Public Mental Health Service—contact details

Name of service	
Local Health District	
Name of referrer	
Position	
Work phone	( ) Mobile
Email	

Is the referrer the mental health case manager? ☐ Yes ☐ No If not, please enter contact details:

First name	
Surname	
Work phone	( ) Mobile phone
Email	

I agree to maintain regular contact (fortnightly to monthly) with the mental health team at Mums and Kids Matter (MaKM) whilst the mother participates in the program. This includes participating in care reviews and transition (discharge) planning.
Participation can be either in person, via phone or video conference.

☐ Yes ☐ No

Mother's details

First name | Surname

D.O.B / / | Country of birth

Home phone ( ) | Address Line 1

Work phone ( ) | Line 2

Mobile phone | State | Postcode

Email

Aboriginal or Torres Strait Islander ☐ Aboriginal ☐ Torres Strait Islander ☐ No | CALD community ☐ Yes ☐ No

Language spoken at home | Interpreter required ☐ Yes ☐ No

Occupation

Is the woman currently pregnant? ☐ Yes ☐ No If yes, what is the expected date of delivery? / /

Relationship status ☐ Single ☐ De facto ☐ Married ☐ Widowed ☐ Separated ☐ Divorced

Partner's details (if applicable)

First name | Surname

Home phone ( ) | Address Line 1

Work phone ( ) | Line 2

Mobile phone | State | Postcode

Does the partner spend time with the children? ☐ Yes ☐ No

Is there a history of domestic violence, perpetrated, received or witnessed by the mother and/or her children? ☐ Yes ☐ No

If yes, please provide details (e.g. Family Court Orders, AVOs, criminal charges):

Living arrangements

Does the woman currently live with her child(ren)? ☐ Yes ☐ No

Is the woman homeless? ☐ Yes ☐ No

Is the woman's accommodation stable? ☐ Yes ☐ No

Describe living arrangements:

Health information

What is the woman's primary mental health diagnosis?

If known, include date diagnosed: ☐☐/☐☐/☐☐☐☐

Are there any additional diagnoses? ☐ Yes ☐ No Please provide details:

If known, include date(s) diagnosed: ☐☐/☐☐/☐☐☐☐ – ☐☐/☐☐/☐☐☐☐

Please list the woman's mental health hospitalisations including dates of admission and duration of each stay:

Is the woman on a Community Treatment Order? ☐ Yes ☐ No Please provide details:

Are there any known health conditions? ☐ Yes ☐ No Please provide details:

Does the woman have a physical or intellectual disability? ☐ Yes ☐ No Please provide details:

Please provide details of all current medications:

Is the woman compliant with medication? ☐ Yes ☐ No Please provide details, including any strategies which facilitate adherence:

Does the woman use alcohol or any other substances? ☐ Yes ☐ No Please provide details:

Risk assessment

Y = Yes, No = No, UK = Unknown

Risk factors for suicide	**Y**	**N**	**UK**
Family history of suicide	☐	☐	☐
History of suicide attempt	☐	☐	☐
Recent thoughts of suicide; plan, intent	☐	☐	☐
Recent stressors or loss	☐	☐	☐
Substance abuse	☐	☐	☐
Risk Factors of violence/harm to others	**Y**	**N**	**UK**
Previous violence	☐	☐	☐
Major mental illness or disorder	☐	☐	☐
Behavioural issues/impulsive behaviour	☐	☐	☐
Risk to child	**Y**	**N**	**UK**
History of substance abuse	☐	☐	☐
Poor impulse control	☐	☐	☐
Lack of protective factors	☐	☐	☐

Overall risk (current/immediate)	**Low**	**Med**	**High**
Suicide	☐	☐	☐
Violence	☐	☐	☐
Child safety	☐	☐	☐
Other** please specify:	☐	☐	☐

**Consider other risks e.g. self-harm, absconding, exploitation, domestic violence, abuse, neglect, homelessness, environment risks.

Carer details (if applicable)

Does the woman have a designated carer and/or principal care provider? ☐ Yes ☐ No

If yes, please provide details:

First name Surname

Home phone ( ) Mobile phone

Relationship to woman

In what way(s) does the carer assist the woman? Please provide details:

Services currently engaged (mother/children/family)

Service

Contact person
First name

Surname

Service(s) provided:

Work phone ( ) Mobile phone

Email

Service

Contact person
First name

Surname

Service(s) provided:

Work phone ( ) Mobile phone

Email

Service

Contact person
First name

Surname

Service(s) provided:

Work phone ( ) Mobile phone

Email

Service

Contact person
First name

Surname

Service(s) provided:

Work phone ( ) Mobile phone

Email

Service

Contact person
First name

Surname

Service(s) provided:

Work phone ( ) Mobile phone

Email

Service

Contact person
First name

Surname

Service(s) provided:

Work phone ( ) Mobile phone

Email

Child(ren) details

Given name(s) ________ Family name ________

D.O.B __ __ / __ __ / __ __ __ __ Gender ☐ Male ☐ Female

Living arrangements:
(e.g. child lives with maternal grandmother) ________

Any known health concerns? ☐ No ☐ Yes Please provide details: ________

Any known physical disabilities? ☐ No ☐ Yes Please provide details: ________

Any known intellectual disabilities? ☐ No ☐ Yes Please provide details: ________

Any other known developmental considerations? ☐ No ☐ Yes

Please provide details: ________

Given name(s) ________ Family name ________

D.O.B __ __ / __ __ / __ __ __ __ Gender ☐ Male ☐ Female

Living arrangements: ________

Any known health concerns? ☐ No ☐ Yes Please provide details: ________

Any known physical disabilities? ☐ No ☐ Yes Please provide details: ________

Any known intellectual disabilities? ☐ No ☐ Yes Please provide details: ________

Any other known developmental considerations? ☐ No ☐ Yes

Please provide details: ________

Given name(s) ________ Family name ________

D.O.B __ __ / __ __ / __ __ __ __ Gender ☐ Male ☐ Female

Living arrangements: ________

Any known health concerns? ☐ No ☐ Yes Please provide details: ________

Any known physical disabilities? ☐ No ☐ Yes Please provide details: ________

Any known intellectual disabilities? ☐ No ☐ Yes Please provide details: ________

Any other known developmental considerations? ☐ No ☐ Yes

Please provide details: ________

Given name(s) ________ Family name ________

D.O.B __ __ / __ __ / __ __ __ __ Gender ☐ Male ☐ Female

Living arrangements: ________

Any known health concerns? ☐ No ☐ Yes Please provide details: ________

Any known physical disabilities? ☐ No ☐ Yes Please provide details: ________

Any known intellectual disabilities? ☐ No ☐ Yes Please provide details: ________

Any other known developmental considerations? ☐ No ☐ Yes

Please provide details: ________

Income details

Source of income

Centrelink? ☐ Yes ☐ No If no, please provide details:

Centrelink reference number: ☐☐☐ ☐☐☐ ☐☐☐☐

Has a guardian been appointed? ☐ Yes ☐ No If yes, please provide details:

First name | Surname

Phone (☐☐) ☐☐☐☐ ☐☐☐☐ | Type of guardian

Email

Is a financial management order in place? ☐ Yes ☐ No If yes, please provide contact details:

First name | Surname

Phone (☐☐) ☐☐☐☐ ☐☐☐☐

Email

What does the woman identify as her key strengths?

What are the woman's hobbies or interests?

Is the woman currently studying? ☐ Yes ☐ No If yes, please provide details:

Name of educational institution:

Name of course:

Enter any additional information here:

Please email the complete referral form and all required documentation to: intake.makm@wesleymission.org.au

The intake team will contact referrers within 48 hours to confirm receipt of referral. Intake decisions will be communicated following Internal Intake meeting held every Tuesday. If you have any queries please call the intake team on (02) 9608 9629.

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