

PERSONAL FOCUS - REFERRAL FORM (PF-004)

Ember, Personal Focus Service

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SECTION 1

Personal Focus is available to persons with lived experience of Mental Illness & aged 16yrs and over . We are required by our funders to gather the following information for statistical purposes & to confirm eligibility to attend Personal Focus.

Missing information & documentation will slow down the referral process & your ability to attend the service.

PERSONAL DETAILS: (PLEASE COMPLETE ALL PARTS)

Name: _____ **D.O.B:** _____

Address: _____ **Contact Phone:** _____

Gender: Male Female

Ethnicity: _____

WINZ No: _____ **NHI No:** _____

Email: _____

What is your Mental Health Diagnosis? _____

Tick the square which best describes your citizenship or residence status

- New Zealand Citizen (NZL)
- New Zealand Permanent Resident (NZP)
- Other (Please specify): _____

Tick the square which best describes your Smoking Status

- Never Smoked
- Ex Smoker (have not smoked within the last 28 days)
- Current Smoker
- I would like support from Personal Focus to quit

Reason for referral (Please tick the appropriate box/es)

- Individual support towards employment, study or involvement in your community
- Personal Focus groups. If known, what groups? _____

Please attach one of the following:

- Care Plan
- Wellness Recovery Action Plan (WRAP)
- Early Warning Signs
- Risk Management Plan
- Risk Assessment
- I don't have access to any of these

DECLARATION

I give permission for Ember to approach my clinical provider / general practitioner / support worker for further information if necessary.

This information will be kept secure along with all other personal records, as required by the Health Information Privacy Code (1993).

Signature of Referred Person

Date

PLEASE COMPLETE SECOND PAGE

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Review Date: June 2017	Version No: 6, Amended Jan 2016	Page 1 of 3

SECTION 2

The following information is required to enable us to provide a safe & efficient service for programme participants.

SUPPORT PERSON/SERVICE DETAILS:

Primary Service Provider: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

CMHC: _____

Family/Whanau contact: _____

Significant other: _____

ADDITIONAL INFORMATION:

Do you have further significant information we should be aware of? E.g. Medical conditions such as Diabetes, Epilepsy etc.

Yes No (If yes please specify) _____

How do these affect you? _____

IS THERE ANYTHING ELSE YOU FEEL IS IMPORTANT FOR US TO KNOW? _____

OFFICE USE ONLY

- | | | | |
|--|------------------------------|-----------------------------|---------------------------------------|
| Contact details complete | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| NHI # included | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| WINZ # included | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Meets Eligibility Criteria | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Meets Citizenship Criteria | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Registered on Life Data | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Smoking information recorded in Life Data | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Wellness Management plan included | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| WRAP plan included | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Medical Information added to Life Data Alert | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not Required |

Referred by WINZ (if yes, please record branch _____) Yes No

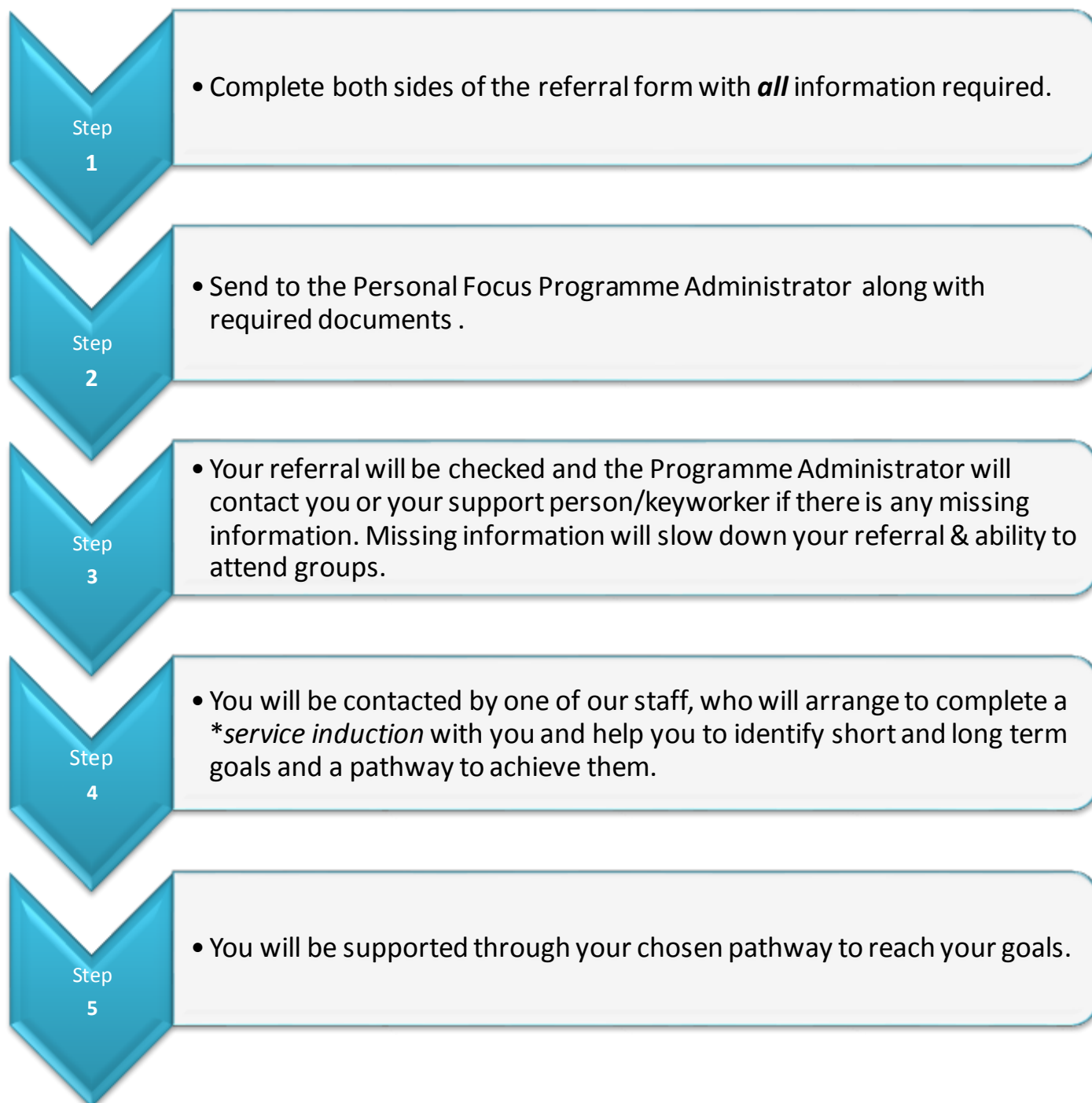
Initial contact date (if before registration) _____

Follow up Action required (& by whom): _____

Signed off by (Senior Programme Coordinator or Team Leader) _____

Date signed off: _____

Personal Focus Referral Pathway



Time Frame – In most cases the referral process takes no more than seven working days from when the referral is received.

***The Service Induction** is a meeting that will help plan your pathway through the Personal Focus programme by identifying your dreams and aspirations using the Strengths Model as well as familiarising you with the service.