

LikeMind is NOT a crisis response service.
 For emergencies dial "000"
 For urgent mental health assessment please
 call NSW Mental Health Line 1800 011 511



LikeMind is a mental health service providing Triage, Assessment and short-term care coordination for 18 years of age with a mental health concern. LikeMind provides access to a range of consortium partners who deliver onsite mental health, drug and alcohol, primary health, vocational and psychosocial services in one location.

Penrith Referral
 109 Henry St, Penrith 2750
 Phone: 8880-8111 Fax: 8880-8112
 Email: likemindpenrith@uniting.org

Seven Hills Referral
 Unit 4, 197 The Prospect Highway, Seven Hills 2147
 Phone: 8806-3800 Fax: 8806-3887
 Email: likemindsevenhills@uniting.org

Referrer Details	
Date of referral:	
Contact name:	
Contact Phone & E-mail:	
Relationship to consumer:	

Client Details		Does Client consent to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Full Name:			
Date of Birth:	Gender:		
Contact Number:	Dependents:		
Address:			
Email:			
NOK/Emergency contact:			
Communication Issues/ Interpreter Required	No <input type="checkbox"/> Yes <input type="checkbox"/>	Specify:	

Pre-Existing Diagnosis <i>(If the client has a pre-existing diagnosis, please provide details of the diagnosis)</i>

Reason for referral (Please outline reason for referral including current concerns of referrer/ client)

Has the client recently been in hospital due to psychiatric/psychological reasons? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details (include date, location and any important information):

Other services/professionals involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
Details:

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Risk Factors (please provide details for any risk factors)

	Y	N		Y	N
Suicidal ideation/behaviour	<input type="checkbox"/>	<input type="checkbox"/>	Non-Accidental Self Injury	<input type="checkbox"/>	<input type="checkbox"/>
Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	Harm to Others	<input type="checkbox"/>	<input type="checkbox"/>
Social Withdrawal	<input type="checkbox"/>	<input type="checkbox"/>	Substance Use	<input type="checkbox"/>	<input type="checkbox"/>

Details of known risks:

**Referrer
Signature:**

Date: