Hunter PRIMARYCARE

The Way Back Support Service

Referral Form for Aboriginal and/or Torres Strait Islander Person

The Way Back Support Service is a Beyond Blue initiative that provides non-clinical care and support to people in the first three months following a suicide attempt. This form gives access to a targeted Referral Pathway for Aboriginal and/or Torres Strait Islander People.

Referral Guidelines

Eligibility Checklist

☐ Does the person identify as Aboriginal and/or Torres Strait Islander?

☐ Has there been a recent suicide attempt within the last 4 weeks? A suicide attempt is defined as a non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior. Suicide attempt may or may not result in injury.

☐ Is the person aged 18 or over? If aged between 16-17 years, please contact us to discuss further.

☐ Does the person reside within the Hunter region? Type of support may depend on geographical location.

Please note, the following exclusion criteria apply:

- Non-suicidal self-injury or self-harm behaviour;
- Suicidal ideation or verbalised talk of suicide;
- Instances where a short-term service may not be beneficial to the client;
- Where there are safety concerns for the workers OR where safety for workers cannot be ensured.

Referral Process

1. Please return this form along with copies of the any relevant information (eg Discharge Summary or Care Plan): TheWayBack@hunterprimarycare.com.au or via fax to 02 4925 3961 or call us on 1300 364 184.
2. Once the referral has been accepted, Support Coordinators at The Way Back Support Service will make contact with the person referred within one working day, where possible.

Consumer Information (use hospital sticker if applicable)

<table>
<tr><td>Name:</td><td></td><td>MRN (if available):</td><td></td></tr>
<tr><td>DOB:</td><td></td><td>Gender:</td><td></td></tr>
<tr><td>Address:</td><td></td><td colspan="2" rowspan="3">Hospital Admission
Did the consumer present to hospital following the suicide attempt? ☐ Yes ☐ No ☐ Unsure

Is the consumer currently an inpatient?
☐ Yes ☐ No ☐ Unsure

Hospital: Select from list or enter hospital/ward:

……………………………………………………………

Date of discharge: ………………………
☐ Actual date ☐ Expected discharge ☐ Not known</td></tr>
<tr><td>Phone Number(s):</td><td>Mobile:
Other/landline:</td></tr>
<tr><td colspan="2">Cultural Considerations
Country of birth:
Identifies as: ☐ Aboriginal ☐ Torres Strait Islander
☐ Both Aboriginal and Torres Strait Islander
Traditional Country/Mob:
Any additional relevant cultural information:</td></tr>
</table>

Referral Information

Summary of Presenting Issues/Details of Recent Suicide Attempt:

Psychosocial factors (check all that apply):

☐ Domestic Violence	☐ Housing/ living conditions	☐ Financial issues
☐ Alcohol and/or other drugs	☐ Social issues/isolation	☐ Physical Health needs
☐ Relationship problems	☐ Legal issues	☐ Vulnerability
☐ Trauma	☐ Recent loss	☐ Other (specify):

Relevant Background Information (include mental health history and any prior suicide attempts):

List all current supports in place (clinical, community-based, family):

Care coordination needs and/or discharge recommendations:

Are you aware of any factors that may influence worker or home visit safety?
(eg verbal/physical aggression, forensic/legal history, domestic violence, safety issues at residential address)

☐ No known safety concerns
☐ Yes If yes, please provide details:

Consent

I, ___________________________________ agree to participate in the The Way Back. I understand that I will receive up to 12 weeks of support in the community.

Print name:	Date:
Signature:	
Referrer name and position:	
Referrer signature:	Date:
Yes/No	I give permission for the The Way Back to send me SMS messages

My Support Network
I nominate the following Support Person. I understand that if I am not contactable and there are concerns about my welfare that this this person may be contacted

Person to Contact	Name:
Relationship to consumer	Contact numbers(s)
GP name:	Practice/Suburb:
Yes/No	I give permission for The Way Back to keep in contact with my GP

Other Support/Services (if applicable):