



Hunter Psychosocial Support Service (HPSS) **Referral and Intake form**

Person Information DATE OF REFERRAL://				
First Name:	Last Name:			
Address:				
Suburb: Post Code:				
DOB:// Age:				
Method of Contact: Landline: Email:				
 Female Male Non-binary/ger Aboriginal but NOT Torres Strait Islander BOTH Aboriginal and Torres Strait Islander NOT stated/inadequately described Mob or Country: Country of Birth: 				
The person has a diagnosed mental illness that		YES/NO		
The person is not eligible for assistance through the NDIS		YES/NO		
 The person is not currently receiving support from Partners in Recovery (PIR), Day to Day Living (D2DL) and/or Personal Helpers and Mentors (PHaMS) 				
The person is not currently a client of Community Living Support (CLS) or Housing and Support Initiative (HASI)				
 The person will be able to identify a primary go activity areas: Social skills and friendships; Vocational skills and goals; Education and training goals; Maintain physical wellbeing; Managing daily living needs; Building broader life skills; Family connections; Financial management and budgeting; Finding and managing a home; Managing drug and alcohol addiction, inclu 		YES/NO		
The person's primary goal is suitable to be wor	rked towards over a six month period	YES/NO		
 The person does not have significant psychoso this time 	ocial barriers to engaging with services at	YES/NO		
Person or their Guardian has consented to be	involved with PSS	YES/NO		





Referrer's details	· •				
Name:		Organisation:	Organisation:		
Address:		Suburb:	Post Code:		
Direct PH:	Mobile:	Email:			
Referrer Type: e	e.g. (self, GP, Social W	orker, etc) GP			
Please provide a relevant informa	-	ces provided, goal and a	activity area identified, and any other		

Apparent co-existing factors that impact act on mental illness	No 🗆	Not Reported D	Unknown 🗆	Yes 🗆
Drug or Alcohol Abuse:	No 🗆	Not Reported	Unknown 🗆	Yes □
Intellectual / Cognitive Disability	No 🗆	Not Reported	Unknown 🗆	Yes □
Physical Disability :	No 🗆	Not Reported	Unknown 🗆	Yes □
Sensory or Speech:	No 🗆	Not Reported	Unknown 🗆	Yes 🗆
Significant Physical Issues:	No 🗆	Not Reported	Unknown 🗆	Yes □
Acquired Brain Injury:	No 🗆	Not Reported	Unknown 🗆	Yes 🗆
Dementia:	No 🗆	Not Reported	Unknown 🗆	Yes □

ALERTS OR RISKS WE NEED TO BE AWARE OF: Vicious Animal/s Firearms/Weapons Self Harm

Domestic Violence
Harm to Others

House in Poor Condition

Other:

Please return the completed form via email to mhcc@hunterprimarycare.com.au, call HPSS Intake Officer directly on (02) 4935 3237 or post addressed to HPSS Intake Officer, Hunter Primary Care, PO Box 572, Newcastle NSW 2300.