

## Aboriginal & Torres Strait Islander Aftercare Program Referral Form

The Aboriginal Aftercare Program is a Primary Health Network initiative that provides non-clinical care and support to people in the first three months following a suicide attempt or for those who are currently at risk of suicide.

Please return this form along with copies of any relevant information (e.g. discharge summary or care plan) to [TheWayBack@hunterprimarycare.com.au](mailto:TheWayBack@hunterprimarycare.com.au) or via fax to **02 4925 3961** or call us on **1300 364 184**.

This program operates Monday-Friday during business hours.

### Referral Guidelines

#### Primary referral criteria:

- Recent suicide attempt (in past 4 weeks)

#### Secondary referral criteria (we accept when capacity allows – currently only small number available under this pathway):

- Person is at risk of suicide

#### Exclusion Criteria:

- Person would not benefit from a short-term psychosocial support service
- Poses significant risk of harm to others
- Resides outside Hunter Region

### Referrer Details

Name:		Role:	
Phone:		Organisation:	

### Participant Details

Name:		Gender:	
DOB:		<b>Cultural Considerations</b>  Country of birth: _____  The person identifies as Aboriginal Torres Strait Islander Both Aboriginal and Torres Strait Islander  Traditional Country/Mob: _____  Is the person is a Stolen Generation survivor?  Yes    No    Unknown  Any additional relevant cultural information:  _____	
Address:			
Phone Number(s):	Mobile: Other/landline:		
Hospital Admission (if applicable)  Is the person currently an inpatient? _____  Hospital: _____  Is there an ACT referral in place?  Yes    No    Unknown			

Details of Recent Suicide Attempt/Crisis (include any related stressors):

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 (eg mental health history, cultural factors, substance use):

Details of any prior suicide attempts or suicidal behaviors:

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, please provide details

Care coordination needs/goals:

## Consent to participate

I, _____ agree to participate in the Aboriginal Aftercare Program. I understand that it is a voluntary service and I will receive up to 12 weeks of support.	
Signature (or indicate if verbal consent has been provided):	Date:
If Verbal Consent, list worker name and signature:	
<input type="checkbox"/> Yes <input type="checkbox"/> No    I give permission for the Aboriginal Aftercare Program to send me SMS messages	







## My nominated support person

I understand that if I am not contactable that this this person may be contacted, particularly if there are consents about my safety or well-being.	
Name:	Relationship to participant:
Contact number(s)	

## My nominated health professional

I give permission for Aboriginal Aftercare to keep in contact with the health professionals listed below about the support I am receiving in this program.	
GP name:	GP Practice/Suburb:
Phone:	
Other health provider (if relevant):	Profession/organisation
Phone:	

*We listen. Care. Connect.*

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 hunterprimarycare.com.au  @hunterprimarycare

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