Samaritans

Kaiyu Konnect Referral Form

Participant Information			
Referral Date			
Full Name		Date of Birth	
Address		Mobile	
Identifies as Aboriginal or Torres Strait Islander	☐ Yes	☐ No	
Culturally and Linguistically Diverse Needs	☐ Yes	☐ No	
GP Name		GP Phone	
NDIS Participant	☐ Yes	☐ No	
Mental Health Worker Details (if applicable)			
Connected to Mental Health	☐ Yes	☐ No	
Name		Team	
Contact Details			
Emergency Contact Details			
Name		Relationship	
Phone			
Other Key Support Details (e.g. NDIS Providers, Supports Coordinators)			

Samaritans

Referrer Details			
Name		Phone	
Organisation/Service (if applicable)		Email	

Diagnosis

Primary Diagnosis:

☐ Schizophrenia ☐ Schizoaffective Disorder ☐ Anxiety ☐ Bipolar Disorder

☐ Depression ☐ Personality Disorders ☐ Drug and Alcohol ☐ Eating Disorder

☐ Other, Please specify

Secondary Diagnosis:

Other Medical Conditions or any Disabilities (Please note any particular support requirements):

Brief History and Reason for Referral

Samaritans

Risk Factors *(i.e. any information that may impact workers or other participants of this program)*			
General Risk Factors	**Yes or No**		**Details /Comments/Recommendations**
Significant MH Diagnosis	☐ Yes	☐ No	
AOD History	☐ Yes	☐ No	
Serious Medical Condition	☐ Yes	☐ No	
Diagnosed Personality Disorder	☐ Yes	☐ No	
Behavioural Issues	☐ Yes	☐ No	
Intellectual/Developmental Issue	☐ Yes	☐ No	
Previous Suicide Attempt	☐ Yes	☐ No	
Current Suicide Ideation	☐ Yes	☐ No	
History of Self-Harm	☐ Yes	☐ No	
Current Self-Harm Issues	☐ Yes	☐ No	
Recent Significant Life Events	☐ Yes	☐ No	
History of Violence/Aggression	☐ Yes	☐ No	
Previous Use of Weapons	☐ Yes	☐ No	
Criminal History	☐ Yes	☐ No	
Dangerous / Violent Ideation	☐ Yes	☐ No	
History of Predatory Behaviour	☐ Yes	☐ No	
Current Violence Concerns	☐ Yes	☐ No	
Current Delusional Beliefs	☐ Yes	☐ No	
Command Hallucinations	☐ Yes	☐ No	
Self-Neglect/Poor Self Care	☐ Yes	☐ No	
Non-Adherence to Medication	☐ Yes	☐ No	
Risk of Absconding	☐ Yes	☐ No	
Risk of Choking	☐ Yes	☐ No	
Other	☐ Yes	☐ No	

Samaritans

Participants Personal Goals	
☐ Physical Health/Education	☐ Mental Health Education
☐ Mental Health Management	☐ Social Connection
☐ Community Access	☐ Other, Please Specify below:

For self-referrals to Kaiyu Konnect,
please call our Intake line on 1300 656 336

For health professionals please email the referral to
kaiyukonnect@samaritans.org.au