

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)			



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



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	
Mainstream Service Access (Centrelink/Housing/Employment)	Employment Readiness
Financial/Budgeting	Transport/Travel Support
Physical Health/Education	Community Access
Mental Health Management	Relationship Support
Mental Health Education	Computer Literacy
Social Connection	Reading/Writing
Other, Please Specify below:	NDIS Support

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

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



1300 656 336



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