

# **55 CENTRAL INC.**



**55 CENTRAL**

## **MENTAL HEALTH REFERRAL FORM FOR CRISIS ACCOMMODATION**

**MENTAL HEALTH REFERRAL FORM FOR PROSPECTIVE RESIDENT OF 55 CENTRAL INC.**

<b>REFERRAL FROM MENTAL HEALTH CLINIC/HOSPITAL</b>	<p><b>IF YOU ARE REFERRING A PROSPECTIVE CLIENT, PLEASE READ THE FOLLOWING GUIDELINES</b></p> <ol style="list-style-type: none"><li>1. Once the completed referral form has been received by 55 Central Inc. a time will be arranged for the person to be interviewed by a staff member.</li><li>2. After the interview, the person will be notified within 48 hours as to whether 55 Central is able to provide short-term accommodation to the person.</li><li>3. Please <b>do not</b> bring the individual's personal belongings to the interview. The interview does not guarantee that accommodation will be provided.</li><li>4. Following the interview, further information such as psychosocial history may be required before considering a client's admission to 55 Central's Crisis Accommodation service.</li></ol>
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**Privacy Information**

The information on this form is being collected by 55 Central to enable staff to provide a service that is suitable to the client's needs.

This information shall be kept securely and will only be available to those persons who have authorised access.

In general, client records are kept for seven years and then destroyed.

<p><b>Surname:</b> _____ <b>Given Name(s)</b> _____</p> <p><b>Date of Birth:</b> _____</p> <p><b>Next of Kin:</b> _____</p> <p><b>Relationship:</b> _____</p>
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Does the client have a diagnosed mental illness or chronic illness e.g. heart disease, cancer, stroke, or diabetes? (If YES, please give details).

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**Symptoms:**

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**Medications:**

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Does the person have a history of non-compliance with medication?  YES  NO

Has the person a history of alcohol and/or drug dependency?  YES  NO

(If YES, please give details)

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Has the person a history of self-harm?  YES  NO

(If YES, under what situations does the person begin to self harm?)

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**When was the last time the person tried to self harm?**

Has the person attempted suicide in the past?  YES  NO

Is there any known current risk of suicide?  YES  NO

(If YES, please provide brief information as to risk)

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**Has the person a history of hostility and/or aggression –**

a) towards other people?  YES  NO

b) towards property?  YES  NO

(If YES, please give brief details)

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Has the person been convicted of any criminal offence arising out of aggression towards other people or property?  YES  NO

(If YES, please give brief details)

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Does the person currently have outstanding charges relating to violence or aggression towards other people or property?  YES  NO

(If YES, please give brief details)

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Name of Key Worker: \_\_\_\_\_

Contact Details of Key Worker –

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Who to contact After Hours: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

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NAME OF PERSON COMPLETING FORM: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(INCORRECT OR INCOMPLETE INFORMATION MAY RESULT IN THE PERSON NOT BEING ADMITTED TO THE CRISIS ACCOMMODATION SERVICE OR BEING REQUESTED TO LEAVE AT A LATER STAGE.)

**FOR 55 CENTRAL INC. USE**

**Prospective Client has been interviewed:**  YES  NO

**Date of Interview:** \_\_\_\_\_

**Comments After Interview:**

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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**Staff Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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