

Canterbury

District Health Board

Te Poari Hauora o Waitaha

Mental Health Community Support Worker Referral

Date:		Date of Birth:	
Client Name:		NHI:	
Address:		Ethnicity:	
		Iwi:	
		Gender:	
Contact Tel Nos:			
Mental Health Diagnosis:			
Other Conditions:			

Referrer Information

Name:	
Organisation:	
Address:	
Phone:	
Fax:	

Criteria for Community Support Worker

Due to their current mental health issues, the client requires assistance with any of the following:
(tick the boxes)

- Medication routines
- Financial skills and budgeting
- Activities and routines of daily living including household management and/or personal cares
- Relationships with children, family, friends, workmates, employers
- Employment issues (including volunteering)
- Housing issues
- Exercise and healthy living
- Other

If the client does not fulfill the above criteria, please see HealthPathways for information about other community mental health supports.

Does the client have a preference for:

- Male CSW Female CSW
- Kaupapa Maori Service
- A specific provider (e.g. previously assessed?)

NB – Providers listed on HealthInfo.

Are there any concerns or risks the Community Support Worker needs to be aware of? (Please give full details)

- Please attach any additional information that will help develop supports for the client e.g. crisis plan, discharge summary, treatment plan, cultural assessment etc.
- Has client given consent for referral and information sharing? **YES**
(Further information is available for client to read on HealthInfo)

Fax form to: **(03) 961-0794**. **(NB - This service is funded by the Canterbury DHB under the Community Access Program (CAPS) and administered by Comcare. Please phone Vickie Cooper (RN) (03) 377-7020, fax (03) 961-0794 email CAP@comcare.org.nz with any questions or feedback.**

Form Updated June 2016 – next review due June 2017