emerge

Sonder
Formerly Northern Health Network

Youth Mental Health Service for ages 16-25

For young people residing in the Northern and Southern regions of metropolitan Adelaide

Community/Professional Referral Form

Please ensure you read the Community/Professional Fact Sheet prior to completing this form.
Referrer to complete form, fax to Sonder on 8252 9433 and follow-up with a phone call to ensure receipt of referral. All details must be completed or referral shall be returned.
GPs and medical professionals should complete a MHTP for purposes of referral

Please note: High risk young people may not be appropriate for this service.
Emergency mental health services can be contacted by calling or 13 14 65.

Date of Referral:	

Young person details

Name:		Gender Identity:	
DOB:		Pronouns	
Address:		Phone:	
Parent or Guardian name:		Phone:	
Does the client identify as an Aboriginal and/or Torres Strait Islander or of a Culturally and Linguistically Diverse background?			Yes ☐ No ☐

Referrer details

Name:		Phone:	
Email:		Fax:	
Organisation and Address:			

Reasons for referral to **emerge** - include main concern, onset, duration, impact of concern on young person, current and previous treatment and/or any other useful background information:

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Difficulties/Behaviours			Comments		
Anxiety (high level symptoms of anxiety and significant impact on functioning)	Yes ❒	No ❒	Examples - Feeling nervous, anxious, or on edge, panic, fear of social situations, not being able to stop or control worrying, breathlessness, heart-racing, difficulty relaxing, restless, easily annoyed or irritable, shaky, difficulty concentrating		
Depression (high level depressive symptoms and significant impact on functioning)	Yes ❒	No ❒	Examples - Feelings of hopelessness, sadness, feeling empty inside, crying, sleep disturbance (increased or decreased), decreased motivation/interest or pleasure, difficulty concentrating		
Borderline Personality Disorder (formal diagnosis, emerging personality disorder or significant traits of this disorder + significant impact on functioning)	Yes ❒	No ❒	Examples – mood instability, difficulties in managing emotions, self-harming behaviour, suicidal ideation/previous attempts, difficulties with identity, unstable self-image or sense of self, chronic feelings of emptiness, difficulties/conflict in relationships with others, impulsivity, anger/difficulty controlling anger		
Bipolar Disorder (formal diagnosis or significant traits of this disorder + significant impact on functioning)	Yes ❒	No ❒	Examples - periods of high, or elevated moods, feeling 'high', extremely energetic, talking more, making decisions in a flash, 'on the go', feeling less need for sleep, irritability, restless, delusions or hallucinations, 'abnormally upbeat, jumpy or wired'. Periods of depression may also be present		
Trauma (high level symptoms and significant impact on functioning)	Yes ❒	No ❒	Examples – exposure to a traumatic event or events, unwanted memories of the stressful experience/s, nightmares, flashbacks, avoiding thinking about the traumatic event/s, changes in thoughts and mood, feeling 'jumpy', irritability, anger, reckless behaviour, getting startled easily, overly alert to danger (hypervigilance)		
Psychosis (high level symptoms and significant impact on functioning)	Yes ❒	No ❒	Examples – delusions, hallucinations, disordered thinking/speech, disordered behaviour		
Eating Disorder	Yes ❒	No ❒	Restricting food intake	Yes ❒	No ❒
			Binge eating	Yes ❒	No ❒
			Vomiting	Yes ❒	No ❒
			Laxative use	Yes ❒	No ❒
			Driven exercise	Yes ❒	No ❒
			Other (e.g. diuretics)	Yes ❒	No ❒
			Duration of behaviours:		
			Weight: Height: BMI: Weight changes in last 6 months:		

Current suicide risk

Health professionals- please attach current Risk Assessment, Mental State Examination, summary of care episode and service requested), (educational/community services- please include safety assessment and current summary of care)

Tick each of the following options.

Is the young person currently having thoughts of suicide that you are aware of? ❒ Yes ❒ No

Does the young person have a current plan to end their life that you are aware of? ❒ Yes ❒ No

If you have answered YES to either of the above questions please contact us immediately on (08) 8209 0700 to discuss the referral suitability with the Triage worker.

If you are concerned about this person's risk to themselves or others, please indicate how:

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Other information

Is the young person currently engaged with any other services? (if yes, please specify)			
Has the young person accessed other mental health services in the past? (if yes, please specify)			
Has the young person been asked to attend a GP to get a Mental Health Care plan? (strongly recommended)		❒ Yes ❒ No	
Does the young person have an existing GP?		❒ Yes ❒ No (If yes, please fill in the details below)	
GP Name:		Phone:	
GP Practice location/address		Fax:	

Consent for Referral	
The young person is aware of the referral and consents to this, and to the referrer providing/receiving written and verbal information to/from Sonder for the purpose of facilitating this referral.	❒ Yes ❒ No

This program is funded by the Adelaide Primary Health Network – an Australian Government Initiative

Please fax completed referral form to Sonder on (08) 8252 9433