Neami – Port Lincoln
Shop 13, Civic Centre, 60 Tasman Terrace
Port Lincoln SA 5606
Phone: 1300 171 852
Website: www.neaminational.org.au

Neami – Port Lincoln Referral Form

Your/Person's details

First name		Last name	
Chosen name(s)		Date of Birth	
Contact number		Email address	
Street address		Postcode	
Current living arrangements	☐ On my own ☐ With family ☐ Share accommodation ☐ Homeless ☐ Couch surfing ☐ Short-term emergency accommodation		
Main income source	☐ Paid employment ☐ JobSeeker payment ☐ Disability support pension (DSP) ☐ Other _____		

Identity, Culture & Language

Gender		Do you identify as LGBTQIA+	☐ Yes ☐ No ☐ prefer not to say
Pronouns		Cultural Identity	
Do you identify as Aboriginal and/or Torres Strait Islander	☐ Aboriginal ☐ Torres Strait Islander ☐ Neither ☐ Both Aboriginal and Torres Strait Islander ☐ Prefer not to say		
Country of Birth		Primary language	
Interpreter required	☐ Yes ☐ No	Interpreter preferences *(gender, cultural identity etc)*	

Reasons for seeking support *for example support with developing social skills, friendships and family relationships, participating in your community, education, employment, health and wellbeing, building confidence and resilience, managing money, accommodation, managing daily activities such as self-care and cooking etc.*

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Mental Health Experiences *For example your history and any diagnoses you identify with*

Any other relevant health information *For example physical health concerns, mobility considerations, disabilities, alcohol and other drug use etc*

Other service and supports *Are you currently being supported by any other formal (for example GP, Community Mental Health Team, housing support, employment support etc) or informal supports (family, carer, friends)?*

Name	Relationship/Service	Type of support provided and how often?

Emergency contact

Full name		Contact number	

Referrer details *Leave blank if self-referral.*

Program referred to:	☐Clinical Care Coordination (CCC) ☐Commonwealth Psychosocial Support (CPS)		
Name		Organisation / Date	
Relationship to person being referred		Support provided	
Phone		email	
Person being referred is aware of and consents to referral			☐ Yes ☐ No

Please email this form to cps.pl@neaminational.org.au or ccc.pl@neaminational.org.au
For any queries, please call 1300 171 852.