



Referral Form

Address: 9/61 Holdsworth Street

Coorparoo Qld 4151

Phone: (07) 38471058

Fax: (07)3847 1044

E-mail: clerical@steppingstoneclubhouse.org.au

Facebook: Stepping Stone Clubhouse

Stepping Stone Clubhouse is a program for adults with a Mental Illness. The Clubhouse assists Members in developing the skills and confidence necessary to lead productive and satisfying lives within their community.

Tour date: _____ Tour Guides: _____

Name: _____ D.O.B: _____

Address: _____

Gender: M F Other (please Specify): _____

Suburb: _____ Postcode: _____ Phone: _____

Country of Birth: _____

What language do you speak at home? _____

What Ethnic Group do you identify as? _____

Do you identify as Aboriginal or Torres Strait Islander? Yes No

Do you identify as LGBTIQ? Yes No

How did you find out about Stepping Stone Clubhouse? (Referral)

- | | |
|---|---|
| <input type="checkbox"/> Community mental health centre | <input type="checkbox"/> Psychiatric hospital |
| <input type="checkbox"/> Continuity of Support | <input type="checkbox"/> Other mental health facilities |
| <input type="checkbox"/> Family member / relative | <input type="checkbox"/> Psychiatrist / therapist |
| <input type="checkbox"/> Self referral | <input type="checkbox"/> Other _____ |

Primary Diagnosis: **PLEASE TICK ONE BOX ONLY**

To be a member you must have a primary diagnosis of a mental illness.

- Schizophrenia Depression Personality disorder Bipolar Anxiety disorder
- Acquired Brain Injury Autism Intellectual Disability Eating Disorder
- PTSD Other (please specify) _____

Please turn over...

Secondary Diagnoses:

Do you have any other illness **Tick as many as apply**

- Schizophrenia Depression Personality disorder Bipolar Anxiety disorders
 Acquired Brain Injury Autism Intellectual Disability PTSD
 Other (please specify) _____

NDIS Details

NDIS Number: _____

You will need to bring the following details for your orientation:

NDIS Plan Start and End Dates |

Support Coordinator Name and Email

How your funding is managed (NDIA Managed / Plan Managed / Self-Managed)

If plan managed - your plan manager's name, email, and phone number

IF you don't have NDIS would you like support applying? Yes No

COS Details (Continuity of Support)

Please provide a copy of your letter from NDIS that indicates that you are ineligible for NDIS. If you did not meet NDIS eligibility (eg over 65 or not an Australian Citizen) this is not required.

Extended Transition Partner (ETP): _____

Carer Information

Do you have a Carer? Yes No

Carer Name: _____ Carer Phone: _____

Are you happy for us to keep in contact with you until you become a member? Yes No

How would you like to be contacted? (Phone, email, mail) _____

Signature of Prospective Member

Administration Use Only:

Before an orientation is booked, this form must be reviewed by a staff member in the EECAT unit:

NAME

Signature