

REFERRAL TO ORYGEN RECOVERY (YPARC)

orygen

(Please affix label here)

Date of referral

Orygen UR

Full name

Pronouns

Date of birth

DETAILS OF REFERRER

Referrer full name

Referring team

Phone

Email

Address

DETAILS OF TREATING TEAM (IF DIFFERENT)

Case manager full name

Treating team

Phone

Email

Address

DETAILS OF REFERRAL

Young person name

Date of birth

Phone

Email

Address

Medicare Card no.

Exp date

Pension/DVA/Concession Card no.

Card Type

☐ Pension

☐ DVA

☐ Concession

FAMILY/CARER INFORMATION

Name of next-of-kin

Phone

Relationship to young person

Address

Family violence concerns and with whom

Any notifications completed?

MENTAL HEALTH ACT (2014) STATUS

☐ Voluntary

☐ Involuntary - Treatment Order

Exp date

Tribunal hearing date

DIAGNOSES

Please include all mental health, AOD and physical health diagnoses.

CURRENT SITUATION, INCLUDING DEMOGRAPHICS AND MENTAL STATE

Please inform of situation and events contributing to referral. Please do full mental state from last review of young person. Ensure mood, behaviour, thought processes, if perceptual disturbances, insight and judgement are included.

RISK ASSESSMENT (STATIC AND DYNAMIC RISK FACTORS, RELAPSE INDICATORS, PROTECTIVE FACTORS)

Please attach latest risk assessment/CRAAM (ensuring suicide, self-harm and harm to others' risks included) if completed within past 7 days, or please complete up-to-date risk assessment.

MEDICATIONS

Please include route, frequency, adherence concerns, level of independence with medications, long acting injectables – when next due, side effects, interactions, Clozapine initiation/monitoring schedule.

YOUNG PERSON'S REASONS AND EXPECTATIONS FOR WANTING TO ATTEND ORYGEN RECOVERY (YPARC)

TREATMENT TEAM'S REASONS AND EXPECTATIONS FOR YOUNG PERSON'S ATTENDANCE AT ORYGEN RECOVERY (YPARC)

FAMILY PERSPECTIVE ON REFERRAL TO ORYGEN RECOVERY (YPARC)

ACCOMMODATION

Please bear in mind that YPARC is a short-term program so they need to maintain their accommodation and is to be secure and safe and they are able to return there on exit and unexpectedly.

Please include additional information such as support plans, management plans, safety plans.

Email referral form to the YPARC coordinator, orygenrecovery@orygen.org.au. Tel: 03 9966 9228, Fax: 03 8610 0072

OUTCOME (FOR USE BY ORYGEN RECOVERY (YPARC) TEAM)

Completed by allocating clinician/shift senior

Name

Date this form received

Date discussed with
YPARC consultant/multidisciplinary team

☐ CRAAM or equivalent ☐ Safety plan ☐ D/C summary ☐ Support documentation ☐ Last medical review

Referral outcome

☐ Assessment

☐ Not suitable for Orygen Recovery (YPARC)

Date of assessment

Rationale

Outcome discussed with referrer

☐ Yes

Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.



**REVOLUTION
IN MIND** *ory
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