

## PERSONAL FOCUS-REFERRAL FORM (PF-004)

Ember, Personal Focus Service

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### SECTION 1

Personal Focus is available to persons with lived experience of Mental Illness & aged 16yrs and over . We are required by our funders to gather the following information for statistical purposes & to confirm eligibility to attend Personal Focus.

**Missing information & documentation will slow down the referral process & your ability to attend the service.**

#### PERSONAL DETAILS: (PLEASE COMPLETE ALL PARTS)

Name: _____	D.O.B: _____
Address: _____	Contact Phone: _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Ethnicity: _____	
WINZ No: _____	NHI No: _____
Email: _____	

**What is your Mental Health Diagnosis?** \_\_\_\_\_

**Tick the square which best describes your citizenship or residence status**

New Zealand Citizen (NZL)  
 New Zealand Permanent Resident (NZP)  
 Other (Please specify): \_\_\_\_\_

**Tick the square which best describes your Smoking Status**

Never Smoked  
 Ex Smoker (have not smoked within the last 28 days)  
 Current Smoker  
 I would like support from Personal Focus to quit

**Reason for referral (Please tick the appropriate box/es)**

Individual support towards employment, study or involvement in your community  
 Personal Focus groups. If known, what groups? \_\_\_\_\_

**Please attach one of the following:**

<input type="checkbox"/> Care Plan	<input type="checkbox"/> Risk Management Plan
<input type="checkbox"/> Wellness Recovery Action Plan (WRAP)	<input type="checkbox"/> Risk Assessment
<input type="checkbox"/> Early Warning Signs	<input type="checkbox"/> I don't have access to any of these

#### DECLARATION

I give permission for Ember to approach my clinical provider / general practitioner / support worker for further information if necessary.

This information will be kept secure along with all other personal records, as required by the Health Information Privacy Code (1993).

**Signature of Referred Person**

**Date**

**PLEASE COMPLETE SECOND PAGE**

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Review Date: June 2017	Version No: 6, Amended Jan 2016	Page 1 of 3

## **SECTION 2**

The following information is required to enable us to provide a safe & efficient service for programme participants.

### **SUPPORT PERSON/SERVICE DETAILS:**

**Primary Service Provider:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**CMHC:** \_\_\_\_\_

**Family/Whanau contact:** \_\_\_\_\_

**Significant other:** \_\_\_\_\_

### **ADDITIONAL INFORMATION:**

**Do you have further significant information we should be aware of? E.g. Medical conditions such as Diabetes, Epilepsy etc.**

Yes    No (If yes please specify) \_\_\_\_\_

**How do these affect you?** \_\_\_\_\_

**IS THERE ANYTHING ELSE YOU FEEL IS IMPORTANT FOR US TO KNOW?** \_\_\_\_\_

### **OFFICE USE ONLY**

Contact details complete	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NHI # included	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WINZ # included	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meets Eligibility Criteria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meets Citizenship Criteria	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Registered on Life Data	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Smoking information recorded in Life Data	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wellness Management plan included	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WRAP plan included	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical Information added to Life Data Alert	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> Not Required

Referred by WINZ (if yes, please record branch \_\_\_\_\_)    Yes    No

Initial contact date (if before registration) \_\_\_\_\_

Follow up Action required (& by whom): \_\_\_\_\_

Signed off by (Senior Programme Coordinator or Team Leader) \_\_\_\_\_

Date signed off: \_\_\_\_\_

# Personal Focus Referral Pathway

Step  
1

- Complete both sides of the referral form with ***all*** information required.

Step  
2

- Send to the Personal Focus Programme Administrator along with required documents .

Step  
3

- Your referral will be checked and the Programme Administrator will contact you or your support person/keyworker if there is any missing information. Missing information will slow down your referral & ability to attend groups.

Step  
4

- You will be contacted by one of our staff, who will arrange to complete a ***\*service induction*** with you and help you to identify short and long term goals and a pathway to achieve them.

Step  
5

- You will be supported through your chosen pathway to reach your goals.

**Time Frame** – In most cases the referral process takes no more than seven working days from when the referral is received.

**\*The Service Induction** is a meeting that will help plan your pathway through the Personal Focus programme by identifying your dreams and aspirations using the Strengths Model as well as familiarising you with the service.