

# Footprints Social Wellbeing Program Referral Form



*The SWP provides older persons who are at risk of, or have, mental health issues and experiencing / or at risk of social isolation vulnerabilities access to mental health nursing, care coordination and therapeutic supports.*

<b>SWP eligibility criteria (will have to meet <u>all the</u> below, please tick):</b>			
<input type="checkbox"/>	Aged 65 years or older, or Aboriginal and Torres Strait Islander people over 55 years		
<input type="checkbox"/>	Are at risk of, or have, mental health issues		
<input type="checkbox"/>	Experiencing or be at risk of social isolation vulnerabilities and/or loneliness		
<input type="checkbox"/>	Live in suburbs within the South Brisbane region		
<b>Client consented to this referral: <input type="checkbox"/> Yes <input type="checkbox"/> No</b>			
<b>Referral details</b>			
<b>Full name:</b>	Click or tap here to enter text.		
<b>Address:</b>	Click or tap here to enter text.		
<b>Gender:</b>	Click or tap here to enter text.	<b>Date of Birth:</b>	Click or tap here to enter text.
<b>Phone/Email:</b>	Click or tap here to enter text.		
<b>Guardian: (if applicable)</b>	Click or tap here to enter text.		
<b>Country of birth:</b>	Click or tap here to enter text.	<b>Primary language spoken:</b>	Click or tap here to enter text.
<b>Identifies as:</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander	<b>Interpreter required:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reasons for Referral (Needing Mental Health Nursing/Care Coordination):</b>			
Click or tap here to enter text.			
<b>Other health practitioners/key persons involved in care:</b>			
Click or tap here to enter text.			
<b>Health Conditions:</b>			
Click or tap here to enter text.			
<b>Referrer Details (this section is not applicable for self-referrals):</b>			
<b>Name:</b>	Click or tap here to enter text.		
<b>Organisation/Team:</b>	Click or tap here to enter text.		
<b>Phone/Email:</b>	Click or tap here to enter text.		
<b>Referral date:</b>	Click or tap here to enter text.		
<b>To send a referral or contact our team:</b>			

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**Phone:** 07 3252 3488

**Email:** [swp@footprintsinc.org.au](mailto:swp@footprintsinc.org.au)

**Fax:** 07 3252 3688

**Or Via:** Medical Objects using ID CODE: IF40060002T