Request for service

To be used by a resident or a resident's family member

Think WISE
Psychological support in Residential Aged Care

Date of Request: **Name of person completing form (if not resident):**

Relationship to resident: Family / Friend / Other (specify):

Phone: **Email:**

Residential Aged Care Facility:

Resident Details

Name: **Date of Birth:** **Gender:** M / F / Other:

Phone/Contact Details:

Does the resident / do you identify as any of the following (please specify):

☐ **Aboriginal** ☐ **Torres Strait Islander** ☐ **Culturally & Linguistically Diverse (CALD)** ☐ **LGBTIQ**

Primary Language (if other than English):

Reason For Referral

☐ Anxiety ☐ Adjustment to Aged Care Living ☐ Grief / Loss ☐ Depression ☐ Trauma

☐ Other (please specify):

Brief description of concerns:

Current Support & Services

Is the resident/you currently receiving any mental health or psychological support? ☐ Yes ☐ No

If yes, please provide details:

Does the resident/you have a diagnosed mental health condition? ☐ Yes ☐ No

If yes, please provide details:

Consent

☐ The resident is aware and agreeable to this request for service from the Think Wise team.

If the resident is not aware, please specify why and any barriers to engagement:

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Capital Health Network Partnering for better health
WISE Psychological support in Residential Aged Care
Think Mental Health