|  |  |  |  |
| --- | --- | --- | --- |
| **WUNGEN KARTUP REFERRAL FORM** | | | |
| Wungen Kartup translates to ‘Place of Healthy Minds’ in Noongar language. Wungen Kartup is a highly specialised Aboriginal-led mental health service that provides best practice care to Aboriginal people aged 18 years or older within the Perth metropolitan area. Wungen Kartup provides culturally secure, multidisciplinary intensive, specialised evidence-based mental health interventions for consumers who are unable to be fully supported by other social and emotional wellbeing services. | | | |
|  | | | |
| **CLIENT INFORMATION** | | | |
| **Date of referral:** | **UMRN:** | | **DOB:** |
| **Surname:** | **Given names:** | | **Preferred name:** |
| **Mother’s name:** | **Father’s name:** | | **Cultural group:** |
| **Address:** | | | **Telephone:** |
| **Gender:** | **LGBTQI+:** | | **Pronouns:** |
| **Language spoken:** | | | **Interpreter required:** Yes  No  |
| **Is the client aware of the referral:** Yes  No  | | | |
|  |  | |  |
| **REFERRER INFORMATION** | | | |
| **Your name:** | **Position:** | | **Organisation:** |
| **Telephone (direct line):** | | **Email:** | |
|  | | | |
| **REASON FOR REFERRAL** | | | |
| **Cultural Liaison** Yes  No  | | | |
| Cultural liaison occurs with consumers who are under the direct care of a mainstream community or inpatient social and emotional wellbeing service. Your multidisciplinary team retains clinical responsibility and governance for the client. | | | |
| **Care Coordination** Yes  No  | | | |
| Care coordination is recovery focused. Care is provided within the community via home visits and is flexible to adjust to the unique needs, choices and stage of recovery for the consumer. Priority is given to those consumers who are marginalised, are at risk, have significant comorbidities and are unable to access mainstream mental health services. | | | |
| **Please provide a brief description of reason for referral:** | | | |
|  |  | |  |
| **CULTURAL NEEDS OF THE CONSUMER** | | | |
| Cultural needs may include overseeing and guiding your team’s interactions with the consumer; advising the clinical staff on cultural phenomena; addressing the multidimensional aspects of the consumer’s emotional health and wellbeing. This may also include assessing the requirement for traditional healing practices, and ‘vouching’ for the non-Aboriginal team members that form part of the team. | | | |
| **Engagement with your treating team** | | | |
| **Do you feel there may be issues for the consumer with issues such as trust, stigma, trauma, language barriers, and cultural influences?** Yes  No  | | | |
| Please provide some details here: | | | |
| **Cultural interventions** | | | |
| **Do you feel the consumer may benefit from traditional healing or spiritual care?** Yes  No  | | | |
| Please provide some details here: | | | |
| **Diagnostic clarification** | | | |
| **Do you feel there may be cultural phenomena or other cultural matters impacting mental wellbeing or the ability to form diagnostic clarification?** Yes  No  | | | |
| Please provide some details here: | | | |
| **Liaison** | | | |
| **Do you feel the consumer may benefit from connection with community/country, family, friends? And/or do you feel the client would benefit from liaison around reintegration with community as part of discharge planning?** Yes  No  | | | |
| Please provide some details here: | | | |
| **Enhancing compliance** | | | |
| **Do you feel the consumer is at risk of relapse or of being lost to follow up?** Yes  No  | | | |
| Please provide some details here: | | | |
| **Recovery** | | | |
| **Do you feel the consumer may benefit from engaging with a Stay Strong Plan?** Yes  No  | | | |
| Please provide some details here: | | | |
|  |  | |  |
| **CURRENT RISK & SAFETY ISSUES** Please indicate if there are risks for the following: | | | |
| Suicide: | Self-harm: | | Vulnerable: |
| Violence to others: | Violence from others: | | Forensic: |
| Are there risks in the home we should be aware of? | | | |
| Please detail current and historical risk and safety issues:  Please note we are not an emergency service. If there are current risks, please ensure you have made arrangements. Please attach any Safety or Crisis Plans. | | | |
|  |  | |  |
| **SUPPORTING DOCUMENTATION** Please attach to referral | | | |
| Triage Form  Yes  No  | Assessment Form  Yes  No  | | Care Transfer Summary  Yes  No  |
| Physical Exam  Yes  No  | Most recent RAMP  Yes  No  | | Discharge Summaries  Yes  No  |
|  | | | |
| **ANY FURTHER INFORMATION?** | | | |
|  | | | |
| **We welcome you to phone the service to discuss your referral and/or to assist you through completing the cultural needs section. Please call us on (08) 92248935** | | | |
|  | | | |
| Please note that submission of this form is only the first step in the referral process. Lodgement of the referral does not constitute acceptance of the consumer to this service. The consumer’s care is assumed to be provided by your service on an ongoing basis until a decision is made by the Wungen Kartup team regarding acceptance. | | | |



***Walk With Us – A Journey to Better Health***

by artists Lorraine Woods and Meena (Peta Ugle)

The Work depicts the journey of partnerships, connections, health recovery and working together. The artwork represents East Metropolitan Health Service sites and the journey of better health for everyone in the community we serve.