



Area Mental Health Services
CREATIVE EXPRESSION CENTRE for ARTS THERAPY (CECAT)
Graylands Campus, Brockway Road, Mt Claremont WA 6010
Telephone: 9347 6689/6688 Fax: 9347 6692
www.health.wa.gov.au/arttherapy



This referral must be completed by the client's mental health case manager. **Please answer all questions.** Continued case management is essential for a client to be involved in CECAT programs. Please inform us of any changes in the client's case management whilst attending CECAT to assist liaison. Clients cannot be accepted without a mental health case manager. Referral forms can be downloaded from our website.

TITLE: (MR, MRS, MS)	FIRST NAME :(PLEASE PRINT)	LAST NAME: (PLEASE PRINT)
ADDRESS:		DATE OF BIRTH:
		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
HOSPITAL WARD IF APPROPRIATE:	POSTCODE:	TELEPHONE:
DIAGNOSIS & DURATION OF CURRENT EPISODE:		ICD code required
CURRENT & PREVIOUS THERAPY & MENTAL HEALTH HISTORY:		
GENERAL MEDICAL HISTORY AND PHYSICAL DISABILITIES:		CURRENT MEDICATIONS AND SIDE EFFECTS:
TREATMENT GOALS:		
WHY CLIENT WOULD BENEFIT FROM ATTENDING CECAT		
PAST HISTORY WITH CREATIVE EXPRESSION / ART:		
LEVEL OF FUNCTION:		
GENERAL PRECAUTIONS OR RISKS: 1. HAS THE CLIENT ANY HISTORY OF AGGRESSION (VERBAL OR PHYSICAL)? PLEASE DETAIL: 2. HOW WOULD YOU RATE THE RISK? HIGH MODERATE LOW		

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3. PLEASE GIVE DETAILS OF LAST OCCASION OF AGGRESSION:

4. ARE THERE ANY FACTORS THAT INCREASE THE RISK OF AGGRESSION OR SIGNS THAT WOULD INDICATE A DECOMPENSATION IN BEHAVIOUR?

5. HOW HAS PAST INCIDENTS OF AGGRESSION BEEN HANDLED AND WERE THESE EFFECTIVE IN MINIMISING RISK?

6. ARE THERE ANY OTHER RISKS OR PRECAUTIONS WE SHOULD BE AWARE OF? (SELF HARM, SUBSTANCE ABUSE, ETC)

7. WOULD THIS CLIENT BE SAFE WORKING IN AN OPEN ENVIRONMENT WITH SHARP TOOLS, EQUIPMENT AND MINIMAL SUPERVISION?

8. DOES THE CLIENT HAVE INSIGHT REGARDING THEIR RISKBEHAVIOURS?

OTHER GENERAL COMMENTS: (LEVEL OF INSIGHT, MOTIVATION, INTELLIGENCE, CONCENTRATION, SOCIAL SKILLS, INDEPEDENECE, TRANSPORTATION, EDUCATION, WORK SKILLS, ETC)

CURRENT CASE MANAGER:		CONTACT DETAILS:	
HOW OFTEN DO THEY CONSULT WITH CLIENT?			
REFERRED BY:	TITLE/QUALIFICATION:	ADDRESS:	
SIGNED:	DATE:	CONTACT NO:	

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