

NNAAMI

REFERRAL / INFO SHEET

The National Network of Adult and Adolescent Children Who Have A Mentally Ill Parent/s

REFERRAL INFORMATION SHEET.

Date.....

Year.....

Confidential For Office Use Only. Please fill in and return as soon as possible..

(PLEASE PRINT)

Name..

(Person who has mentally ill parent)

Address

Suburb

Email.

City

.State.

P.C.

Phone: Home

.Work

(Postal Address Preferred -If Different from above)

Address.

Suburb

City

State

P.C.

Occupation or school year?

Do you have any skills which may assist our group now or in the future?.

Are you living with your parent at the moment ?

How did you find out about N.N.A.A.M.I.?

(ie Friend Counsellor Newspaper Internet)

Which of your parents has a mental illness? (please circle) Father Mother

Diagnosis of parent/s? if known.

How old were you when your parent became mentally ill?.

(your age)

Is your parent receiving psychiatric treatment?

(The following information helps us when organising group discussion sessions).

Have you ever suffered a psychiatric illness yourself or received any form of psychiatric treatment?

No.....Yes.....please describe.....

Are you interested in meeting others from similar life experience in your state? Yes.....No.....

A. Are you interested in attending a discussion group or camp ? Yes..... No.....

B. Have you made an appointment / arranged counselling or support with NNAAMI YesNo.....

C. Do you feel you would benefit from counselling if this was available? Yes.....No.....

D. Would you be interested in receiving an email newsletter once developed ? Yes.....No.....

E. Require support., F. Internet / email counselling or support. G. Advocacy. H. practical support respite.

I. NNAAMI to talk to agency or school. J. Education / School /Uni tuition support.

K. NNAAMI to organise Community Talk or Professional Forum Discussion. (please Circle)

Referring Person

Name.....Age.....

AddressStateCountry.....

Post Code.....Phone.....

Organisation.....

Organisation

Address.....State.....Country.....

Post Code.....Phone.....

Referring Person Cont- ...are you ? (please circle)

- 1. Self as above who has mentally ill parent,
 - 2. Family Member, 3. Brother, 4. Sister, 5. Father, 6. Mother, 7. Friend,
 - 8. Professional,
- Profession.....
- Position.....

Expanded Family Diagram

Indicate all people in your family, the members of your family

Nameage.....
(of person who has mentally ill parent)

Indicate below who is believed to have a mental illness = MI next to persons name

Indicate who is believed to abuse drugs or alcohol = D or A next to persons name

Name of,

Maternal Grand Parent Grand Mother.....Grand Father.....

Paternal Grand Parent Grand Mother.....Grand Father.....

Uncles.....

Aunts.....

Mother,.....age.....

Father,.....age.....

Mother,.....age.....

Father,.....age.....

(Indicate if natural, step, foster etc (n),(s),(f))

Please indicate who is believed to have a mental illness drug or alcohol abuse problem = MI or DA

List Name of your Brs Srs + age

Your name.....and age.....

(ie Jan 14y)

Name	Age
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Do you have Children yourself ?

(Please List)

Name	Age
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Confidential

Notes Cont

Describe situation

Please add additional pages where required.

Do you wish to be placed on a waiting list for discussion groups or camps ?
Please indicate Yes NO.....

‘ Breaking The Silence ’

You can help nnaami reach out to others

All Donations to nnaami are tax deductible and gratefully accepted.

**Please Return this Form
to,**

NNAAMI

P.O. Box 213 Glen Iris Vic Australia 3146

Fax 9889 3095. *(Please advise by phone first if you are faxing)*