

# Referral Form

## Day to Day Living Program



Please see over before completing

Self Referral

Service Provider Referral

### Section One: Referrer Details

Service:	Phone:
Contact Person:	Mobile:
Position:	Email:

### Section Two: Person's Details

Last Name:	Dob:
First Name:	Phone:
Street Address:	Mobile:
Postal Address:	Email:

### Section Three: Reasons for Referral


### Section Four: Other Services Involved


Comments: (what do we, as a service need to know to be able to support this person while at Day to Day Living?)


I agree to my referral agency talking to MIFNQ about this referral and my care and support.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Referrer's Signature

\_\_\_\_\_  
Date

**State Self-Esteem Scale (SSES), T.F. & Polivy, J. (1991). Development and validation of a scale for measuring state self esteem. *Journal of Personality and Social Psychology*, 60(6), 895-910.**

Please ensure this is completed and attached to your referral form. Please ask a support person to assist you if you need to.

This is a questionnaire designed to measure what you are thinking at this moment. There is, of course, no right answer for any statement. The best answer is what you feel is true of yourself at this moment. Be sure to answer all of the items, even if you are not certain of the best answer. Again, answer these questions as they are true for you **RIGHT NOW**.

- 1 = Not at All**  
**2 = A Little Bit**  
**3 = Somewhat**  
**4 = Very Much**  
**5 = Extremely**

- |  |   |   |   |   |   |
|--|---|---|---|---|---|
| 1. I feel confident about my abilities                               | 1 | 2 | 3 | 4 | 5 |
| 2. I am worried about whether I am regarded as a success or failure  | 1 | 2 | 3 | 4 | 5 |
| 3. I feel satisfied with the way my body looks right now             | 1 | 2 | 3 | 4 | 5 |
| 4. I feel frustrated or rattled about my performance                 | 1 | 2 | 3 | 4 | 5 |
| 5. I feel that I am having trouble understanding things that I read  | 1 | 2 | 3 | 4 | 5 |
| 6. I feel that others respect and admire me                          | 1 | 2 | 3 | 4 | 5 |
| 7. I am dissatisfied with my weight                                  | 1 | 2 | 3 | 4 | 5 |
| 8. I feel self-conscious   | 1 | 2 | 3 | 4 | 5 |
| 9. I feel as smart as others   | 1 | 2 | 3 | 4 | 5 |
| 10. I feel displeased with myself                                    | 1 | 2 | 3 | 4 | 5 |
| 11. I feel good about myself   | 1 | 2 | 3 | 4 | 5 |
| 12. I am pleased with my appearance right now                        | 1 | 2 | 3 | 4 | 5 |
| 13. I am worried about what other people think of me                 | 1 | 2 | 3 | 4 | 5 |
| 14. I feel confident that I understand things                        | 1 | 2 | 3 | 4 | 5 |
| 15. I feel inferior to others at this moment                         | 1 | 2 | 3 | 4 | 5 |
| 16. I feel unattractive  | 1 | 2 | 3 | 4 | 5 |
| 17. I feel concerned about the impression I am making                | 1 | 2 | 3 | 4 | 5 |
| 18. I feel that I have less scholastic ability right now than others | 1 | 2 | 3 | 4 | 5 |
| 19. I feel like I'm not doing well                                   | 1 | 2 | 3 | 4 | 5 |
| 20. I am worried about looking foolish                               | 1 | 2 | 3 | 4 | 5 |

**Please return to:**

<b>Townsville</b>	<b>Mackay</b>
Mental Road Illness Fellowship NQ Inc 159 Kings PIMLICO QLD 4812 <b>OR</b> PO Box 979 HYDE PARK QLD 4812 Free Call: 1800 455 455 Fax: (07) 4725 3819	Mental Road Illness Fellowship NQ Inc 14-16 Wood St CAIRNS QLD 4740 <b>OR</b> PO Box 729 CAIRNS QLD 4740 Phone: (07) 4951 2955 Fax: (07) 4953 0509