

## PROGRAM REFERRAL

### Client details

Name..... Phone.....

Address.....

DOB...../...../..... Gender.....

Email..... Primary language.....

Emergency contact..... Phone.....

Preferred YMCA location (optional).....

### Referrer details

Name..... Phone.....

Address.....

Email..... Fax.....

Organisation name.....

Best time and day to reach you.....

Client's usual GP..... GP phone.....

I deem this person to be suitable for the Brightside program.

Referrer signature..... Date.....

Please fax or email this form to [brightside@ymcansw.org.au](mailto:brightside@ymcansw.org.au)  
You will be contacted by the Program Leader to arrange an appointment to get started.



# Helping to find a brightside

YMCA Brightside Mental Health & Wellbeing program offers opportunities for people with a mental illness to improve their physical, social and mental health and wellbeing.

YMCA NSW  
Level 5, 20 Smith St, Parramatta NSW 2150  
P 9687 6233 F 9687 6244  
[ymcansw.org.au/brightside](http://ymcansw.org.au/brightside)



# ABOUT YMCA BRIGHTSIDE MENTAL HEALTH & WELLBEING PROGRAM

YMCA Brightside promotes exercise as a recovery mechanism for people with a mental illness. The free program runs for 60 days with unlimited access to the Y's facilities during this time. It aims to orient individuals into a customised exercise program, eliminate or minimise factors which give rise to distress and loss of wellbeing, maximise factors that create the circumstances in which all can flourish and create a pathway to ongoing participation in regular exercise.

## HOW YMCA BRIGHTSIDE WORKS

### 1 Referral

The Y accepts new participants through referral from a doctor, social worker, psychiatrist, psychologist or other mental health professional, referral from a carer and self referral.\*

\*The Y may request that individuals who have self-referred also provide a referral confirmation from their doctor, mental health professional or social worker to ensure we are providing the best possible care and the right program for each individual.

### 2 We'll call you

Once the form is received, a Brightside program leader will contact the referrer to discuss the program in detail and confirm it will be of benefit to the patient.

If we can help, the program leader will arrange the first meeting and introduction to the Y for the participant and continue to work with the referrer to provide complete support.

### 3 First visit

A first-time visit to a gym can be a daunting experience for anyone. We arrange for a program leader to personally meet and greet the participant for a full orientation, which will include a tour of the Y, a general health questionnaire, goal-setting and a fitness consultation to determine the best personalised exercise program for the participant.

### 4 Begin the journey

Each following visit to the Y allows the participant to speak with the program leader about their progress, general health and mood. The program can be adapted as required. Additionally, this contact will allow for more guided sessions on specific equipment, an opportunity for them to learn new exercise techniques and, importantly, assistance in maintaining motivation and excitement.

### 5 Program review

At the end of 60 days, the program leader will meet with the participant to review the program and explore options to continue exercising at the Y. The program leader will also ask participants to complete a brief questionnaire to be shared with the referring health professional.

## WE CARE

We seek regular input from the referring health professionals to interpret each individual's assessments and gauge the impact of the program on the participant's life. At all stages, our primary focus is the health and wellbeing of the individual. We take all necessary care in this matter and highly value discretion and their right to privacy.

To help us provide the best program for your client, we would appreciate it if you could complete this short questionnaire when you forward your referral to us.

## PRE-PROGRAM QUESTIONS

Client Name:

Referrer Name:

Date:

1. How is your client's everyday life impacted? Are they self-reliant?
2. Does your client's condition express any nature of aggressive behaviour?
3. In what ways will your client benefit from the YMCA Brightside program?
4. How often do you have contact with your client?
5. In what ways will you support your client in this commitment?

The referral form at the back of this brochure, along with this questionnaire, can be faxed or emailed to YMCA NSW or your local Y Brightside location.