

## Mental Health Services Referral Form

### (Provisional Referral Form for Child Mental Health, Aboriginal and Torres Strait Islander, and Perinatal Depression Programs)

Date: \_\_\_\_\_

#### 1. REFERRER DETAILS

Name: \_\_\_\_\_

Position and organisation: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

#### 2. CLIENT DETAILS

Name: \_\_\_\_\_

D.O.B: \_\_\_\_\_ Gender: \_\_\_\_\_

Aboriginal and/or Torres Strait Islander background: Yes No

CALD status: Yes No country of birth \_\_\_\_\_

Interpreter required (language): \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Next of kin: \_\_\_\_\_ Phone: \_\_\_\_\_

Mental health and support needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mental health diagnosis (where appropriate): \_\_\_\_\_

Current medication (where appropriate): \_\_\_\_\_

Client's reported risks to self or others: \_\_\_\_\_

**IF YOUR CLIENT IS PRESENTING IN AN ACUTE PSYCHIATRIC CRISIS OR IF RISK IS HIGH, PLEASE CALL YOUR LOCAL AREA MENTAL HEALTH SERVICE**

Client's reason for referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. CONSENT**

Client/parent/guardian consent to referral and for transfer of referral documentation to appropriate service provider

Please inform your patient that their/their child's de-identified data may be used for evaluation purposes.

**4. SHORT TERM FOCUSED PSYCHOLOGICAL STRATEGIES ELIGIBILITY CRITERIA:**

(All criteria must be met for program eligibility)

Low income       Low to moderate risk

Diagnosed mental health condition (or at risk of developing a mental health condition for children and Aboriginal and/or Torres Strait Islander people)

Has the client used Medicare Better Access this calendar year?     Yes       No

If yes, number of sessions: \_\_\_\_\_

Preferred provider/organisation: \_\_\_\_\_ or EMPHN to select

**Your client will require a GP referral and mental health treatment plan by session three in order to continue counselling**

Additional information (e.g. past treatments, other agencies involved): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_