



Important Information for the referrer: Please complete all sections of the referral form.

We require this information so we can match the patient with the right care and support for them. We will not be able to process the referral without this information. Please include your email address so we can notify you of the outcome and progress of the referral.

PATIENT DETAILS

Name: _____

Address: _____ Postcode: _____

Date of birth: _____ Gender: M F Other Unstated

Phone contact: _____ Country of birth: _____

Email address: _____

Main language spoken at home: _____

Spoken English level:	Very well	Well	Not very well	Not at all	Interpreter Required
Indigenous status:	Aboriginal	Torres Strait Islander	Both	Neither	
Homelessness:	Not homeless	Short term / Emergency accommodation	Sleeping rough		
Employment status:	Employed	Unemployed	Not in labour force	Unknown	
NDIS participant:	Yes	No	Unknown		
Concession Card Type:	Number:				

REFERRER DETAILS

Your Name: _____ Your Phone Number: _____

Email: _____

Position/profession: _____ Practice: _____

LEVEL OF CARE REQUIRED

(please indicate the level of care required for the patient)

Level 2:
Low Intensity services

Level 3:
Moderate intensity services

Level 4:
High intensity services

Level 5:
Acute and Specialist Mental Health Services
(contact the Mental Health Access Line: 1800 011 511)

PRIORITY GROUP

- Child (under 12 years of age)
- Adult (over 24 years of age)
- Culturally & linguistically diverse
- Perinatal
- Aboriginal and/or Torres Strait Islander
- Resident of Aged Care Facility

SERVICE REQUESTED

- Short-term individual psychological therapies
- Low intensity psychological interventions
- Suicide prevention referral (in addition to completing this form you must call 4365 2294)
- Clinical care coordination
- Other: _____



MENTAL HEALTH PRESENTATIONS

PRINCIPAL DIAGNOSIS:

ANXIETY DISORDERS

- Stress related
- Panic disorder
- Social phobia
- Generalised anxiety (GAD)
- Obsessive Compulsive Disorder
- Post Traumatic Stress Disorder

AFFECTIVE/MOOD DISORDERS

- Major depression
- Adjustment disorder
- Depressive symptoms
- Bipolar disorder

PSYCHOTIC DISORDERS

- Schizophrenia
- Eating disorder
- Personality disorder

CHILDHOOD / ADOLESCENCE

- Adjustment disorder
- Oppositional defiant disorder
- Conduct disorder
- ADHD - Attention deficit hyperactivity disorder

SUBSTANCE USE DISORDERS

- Alcohol dependence
- Other drug dependence

OTHER

- Other mental disorder

Severity: Mild Moderate **Severe:** Acute OR Complex

Psychotropic medication:
(Tick all that apply)

- | | |
|---------------------------------|-----------------|
| None | Antidepressants |
| Hypnotics and sedatives | Antipsychotics |
| Psychostimulants and nootropics | Anxiolytics |

Outcome tool score:
(Attach form)

K10+: _____ SDQ: _____
K5: _____ Other: _____

YOUR CLINICAL ASSESSMENT OF THE PATIENT

This information will guide the level of care and service offered to the patient. You must attach a mental health treatment plan or provide extensive additional clinical information for us to be able to process the referral.

Mental Health Treatment Plan Attached

DOMAIN 1 – SYMPTOM SEVERITY AND DISTRESS

Assessment of this domain should consider current symptoms and duration, level of distress, experience of mental illness, the illness trajectory (are symptoms improving / worsening, is distress improving / worsening, are new symptoms emerging)?

No problem Mild or Sub-Diagnostic Moderate Severe Very severe

DOMAIN 2 – RISK OF HARM

Assessment of this domain should consider suicidality (current and past suicidal ideation, attempts), self-harm (non suicidal, self-injurious behaviour, current and past), severe deterioration of mental state that poses danger to self or others, risk arising from severe self-neglect).

No identified risk Low risk of harm Moderate risk of harm High risk of harm Very high risk of harm

DOMAIN 3 – FUNCTIONING

Assessment of this domain should consider functional impairment caused by or exacerbated by the mental health condition inclusive of a person's ability to fill usual roles / responsibilities, impact on or disruption to areas of life (eg: employment, parenting, education, activities of daily living), the person's capacity for self-care.

No problems Mild impact Moderate impact Severe impact Very Severe – to extreme impact

DOMAIN 4 – IMPACT OF CO-EXISTING CONDITIONS

Assessment of this domain should specifically examine morbidity that contributes to increased severity of mental health problems and / or compromises the person's ability to participate in the recommended treatment. Please consider substance use / misuse and the associated impact on the individual, physical health conditions and the associated impact on the individual where they have a concurrent mental health condition, intellectual disability or cognitive impairment.

No problems Minor impact Moderate impact Severe impact Very severe impact



DOMAIN 5 – TREATMENT AND RECOVERY HISTORY

Assessment of this domain should consider whether there has been previous treatment (including specialist or mental health inpatient treatment), if the person is currently engaged in treatment, their response to past or current treatment.

- No prior treatment history
- Minor recovery with previous treatment
- Full recovery with previous treatment
- Negligible recovery with previous treatment
- Moderate recovery with previous treatment

DOMAIN 6 – SOCIAL AND ENVIRONMENTAL STRESSORS

Assessment of this domain should consider how the person's environment might contribute to the onset, maintenance or exacerbation of a mental health condition. Assessment of social and environmental stressors should include life circumstances that may be causing distress such as: significant transitions (e.g., job loss, relationship breakdown, sudden or unexpected death of loved one), trauma (e.g., physical, psychological or sexual abuse, witnessing or being a victim of an extremely violent incident, natural disaster), experiencing harm from others (including violence, vulnerability, exploitation), interpersonal or social difficulties (e.g., conflict with friend or colleague, loneliness, social isolation, bullying, relationship difficulties), performance related pressure (e.g., work, school, exam stress), ability to or difficulty having basic physical, emotional, environmental or material needs met (such as homelessness, unsafe living environment, poverty) illness and / or legal issues.

- No problem
- Mildly stressful
- Moderately stressful
- Highly stressful
- Extremely stressful

DOMAIN 7 – FAMILY AND OTHER SUPPORTS

Assessment of this domain should consider whether informal supports are present and their potential to contribute to recovery.

- Highly supported
- Well supported
- Limited supports
- Minimal supports
- No supports

DOMAIN 8 – ENGAGEMENT AND MOTIVATION

Assessment of this domain should explore the person's understanding of the mental health condition and their willingness to engage in or accept treatment. Please consider the individual's understanding of the symptoms, condition, impact, the individual's ability and capacity to manage the condition and the individual's motivation to access necessary supports.

- Optimal
- Positive
- Limited
- Minimal
- Disengaged

OTHER IMPORTANT INFORMATION

PATIENT ASSESSMENT *EG – Presenting Issues, Current situation, Diagnosis/symptoms, Relevant history, Mental State Examination*

PLEASE READ THIS TO THE PATIENT

The information you have provided is required to determine eligibility for services.

Do you give permission for the exchange of this information between Coast & Country Primary Care, GP, and the allocated health professional for the purpose of this referral to mental health care and services? YES

Submit form
by clicking here

YOU CAN ALSO SAVE OR PRINT THE PDF AND SECURE FAX TO 4365 6273