

Referral Form – May 2018

Complete this form and attach a Mental Health Treatment Plan (MHTP) or other comprehensive assessment documentation and fax to 03 9348 0750.

Date of Referral:		Reason for referral: See descriptors on page 2)	
REFERRER DETAILS: Referrer Relationship to client: Referrer Name: Referrer Organisation: Address: Postcode: Telephone: Fax: Email:		<input type="checkbox"/> Well-being Support Service <input type="checkbox"/> *Targeted Psychological Support Service (for people 12+ years) <input type="checkbox"/> Targeted Psychological Support Service (for children under 12 yo) <input type="checkbox"/> *Intensive Support Service (formerly Mental Health Nurse Service) <input type="checkbox"/> Suicide Support Services <small>*A Mental Health Treatment Plan is preferred to access these services.</small>	
CLIENT DETAILS:			
Your Title:	Your First Name:	Your Last Name:	Preferred Name:
DOB:	Marital Status:	Country of Birth:	
Client Phone no. (H) _____ (M) _____		Parent /Guardian name: (if child under age 16)	
Your Address (must include postcode):			
Your Email:		Preferred method of contact: <input type="checkbox"/> Phone/mobile <input type="checkbox"/> Email	
Your Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		Do you identify as LGBTIQA <input type="checkbox"/> Yes	
Do you identify as: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Non Indigenous			
Language spoken at home: <input type="checkbox"/> English only <input type="checkbox"/> Other specify: _____			
English Level: <input type="checkbox"/> Very well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all			
Interpreter required: <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, specify language required:	
<ul style="list-style-type: none"> Do you hold a Health Care Card or similar? If Yes, please write HCC Number and expiry date: _____ Are you a National Disability Support Scheme (NDIS) participant? 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been homeless in the previous 4 weeks?	Employment participation:	Are you at risk of suicide?	
<input type="checkbox"/> Sleeping rough <input type="checkbox"/> Short term/emergency accommodation <input type="checkbox"/> Not homeless	<input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Not in the labour force	Thoughts <input type="checkbox"/> Yes <input type="checkbox"/> No Intent <input type="checkbox"/> Yes <input type="checkbox"/> No Plan <input type="checkbox"/> Yes <input type="checkbox"/> No Previous attempt <input type="checkbox"/> Yes <input type="checkbox"/> No	
Principal Diagnosis (using DSM-IV) – Please tick all that apply			
<input type="checkbox"/> Anxiety Disorders <input type="checkbox"/> Mood Disorders <input type="checkbox"/> Substance use disorders <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Disorders with onset usually occurring in childhood and adolescence <input type="checkbox"/> Other mental disorder <input type="checkbox"/> No formal diagnosis			
K10 Score:		Other Measure (specify): _____ (score)	
Current Medication – Please tick all that apply			
<input type="checkbox"/> Anxiolytics <input type="checkbox"/> Antidepressants <input type="checkbox"/> Antipsychotics <input type="checkbox"/> Hypnotics and Sedatives <input type="checkbox"/> Psychostimulants & nootropics			
Name of preferred provider or preferred gender of provider (optional):			
<small>NB: provider must be a registered with the NORTH WESTERN MELBOURNE PRIMARY HEALTH NETWORK (NWMPHN) CAREinMIND services</small>			
Client Consent: Sharing Information	<input type="checkbox"/> Yes, I agree to be referred to the CAREinMIND service overseen by NWMPHN. I give consent for my referrer / my GP/ paediatrician/ psychiatrist to share my personal details, assessments and mental health treatment plan with my CAREinMIND provider and others involved in my/our care, and the Commonwealth Department of Health for service quality and evaluation purposes. Client signature:..... Date:		
Client Consent: Evaluation	<input type="checkbox"/> Yes I consent to being contacted by NWMPHN to invite me to participate in the evaluation of CAREinMIND services. I agree that my contact details may be disclosed to the contracted evaluation provider for that purpose. Client signature: Date:		
Referrer/GP Consent:	<input type="checkbox"/> Yes, I have discussed this referral with my client Referrer/ GP Signature:..... Date:.....		

GLOSSARY: CAREinMIND™ Mental Health Services

CAREinMIND™ prioritises referrals for individuals who reside in the North Western Melbourne PHN catchment. Similarly, referrals may be prioritised for general practitioners and other referrers who practice in the catchment.

- **CAREinMIND™ Wellbeing Support Service** - Phone or web-based support 24 hours per day. Available to all ages. Telephone contact **1300 096 269**
- **CAREinMIND™ Targeted Psychological Support Service** – (formerly known as ATAPS). Time limited face-to-face counselling located across the north west Melbourne region. Available to all ages.
- **CAREinMIND™ Intensive Support Service** – (formerly known as the Mental Health Nurse Service) - Intensive supported intervention and clinical care coordination for individuals with severe and complex mental health diagnoses, located across the north-west Melbourne region. Available to individuals aged 16+ years. Delivered by **credentialed mental health nurses only**.
- **CAREinMIND™ Suicide Support Service** – Time limited face-to-face intervention for those with episodic suicidal thoughts and self-harm located across the north-west Melbourne region. Available to all ages. *NOTE: A mental health diagnosis does not need to be indicated.*
- **CAREinMIND™ Youth Intensive Support Service** – Intensive supported intervention for young people aged 12 to 25 years with significant and complex mental ill health, located across the north-west Melbourne region.

For more information visit: www.nwmpnhn.org.au/health-systems-capacity-building/careinmind