Referral Form – Mind Care
360 Health + Community

Referral Pathway – Please Select Suitable Service

Mind Care – Attach Mental Health Care Plan

☐ Better Access - Medicare

Suicide Prevention

☐ Patient is experiencing suicidal ideation or self harming behaviour (not in crisis or emergency)

☐ ALIVE – Patient is presenting with moderate to high risk suicide/self harm factors

Patient Details

Patient Name:		D.O.B:
Patient Address:		
Home Phone:	Mobile:	Date of Referral:
Gender: M ☐ F ☐ Other:	Interpreter required: Yes ☐ No ☐	Language:
Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal & Torres Strait Islander ☐		
Medicare No:	Health Care Card: Yes ☐ No ☐	HCC No:
Parent/Guardian Name (if under 16) or NoK:		Phone:
Prior mental health care: Yes ☐ No ☐	Has the patient's Mental Health Care Plan been billed? Yes ☐ No ☐	

GP / Referrer Details

Name:	Phone:
Address:	Practice/Organisation:

Mental Health Diagnosis

☐ Alcohol/drug use ☐ Psychotic Disorder ☐ Depression ☐ Unexplained Somatic Disorder

☐ Anxiety ☐ Childhood behavioral disorder ☐ Other:

Psychological Strategy

☐ Focused Psychological Strategies ☐ Psychological Therapies ☐ Individual Therapy ☐ Group Therapy

Current Psychotropic Medications

☐ Mood Stabilizers ☐ Anti-psychotic & Tranquilizers ☐ Antidepressants ☐ Benzodiazepines & Anxiolytics

Outcome Tool

☐ DASS 42 ☐ DASS 21 ☐ K10 ☐ SDQ Score:

☐ I consent to 360 Health + Community discussing my referral with partner agencies if appropriate.

Patient Signature:

Fax to: 08 9279 8221 (Metro) 08 6323 3302 (ALIVE)
08 6210 1447 (Midwest) 08 6270 4428 (Goldfields)