

## 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 <input type="checkbox"/> F <input type="checkbox"/> Other:	Interpreter required: Yes <input type="checkbox"/> No <input type="checkbox"/>	Language:
Aboriginal <input type="checkbox"/>	Torres Strait Islander <input type="checkbox"/>	Both Aboriginal & Torres Strait Islander <input type="checkbox"/>
Medicare No:	Health Care Card: Yes <input type="checkbox"/> No <input type="checkbox"/>	HCC No:
Parent/Guardian Name (if under 16) or NoK:		Phone:
Prior mental health care: Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the patient's Mental Health Care Plan been billed? Yes <input type="checkbox"/> No <input type="checkbox"/>	

GP / Referrer Details	
Name:	Phone:
Address:	Practice/Organisation:

Mental Health Diagnosis			
<input type="checkbox"/> Alcohol/drug use	<input type="checkbox"/> Psychotic Disorder	<input type="checkbox"/> Depression	<input type="checkbox"/> Unexplained Somatic Disorder
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Childhood behavioral disorder	<input type="checkbox"/> Other:	

Psychological Strategy			
<input type="checkbox"/> Focused Psychological Strategies	<input type="checkbox"/> Psychological Therapies	<input type="checkbox"/> Individual Therapy	<input type="checkbox"/> Group Therapy

Current Psychotropic Medications			
<input type="checkbox"/> Mood Stabilizers	<input type="checkbox"/> Anti-psychotic & Tranquilizers	<input type="checkbox"/> Antidepressants	<input type="checkbox"/> Benzodiazepines & Anxiolytics

Outcome Tool				
<input type="checkbox"/> DASS 42	<input type="checkbox"/> DASS 21	<input type="checkbox"/> K10	<input type="checkbox"/> SDQ	Score:

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

<b>Patient Signature:</b>
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