

Midwest Mental Health Portal Referral Form 360 Health + Community

Eligibility Criteria

- Health Care Card holder, concession card holder, unemployed (exception: Suicide Prevention)
- Permanent resident of Midwest region
- Not in crisis or in need of urgent assistance
- Residing in a remote location with minimal/no access to services

Patient Details

Patient Name:		D.O.B:
Patient Address:		
Home Phone:	Mobile:	Date of Referral:
Gender: Male <input type="checkbox"/> Female <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"/>
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"/>	
Health Care Card No:	Expiry:	
Mental Health Care Plan attached: Yes <input type="checkbox"/> No <input type="checkbox"/>		

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:
 Severe & persistent mental illness
 Mild to moderate mental illness
 Experiencing suicidal ideation or chronic self-harming behaviour

Current Psychotropic Medications

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

Reason for Referral

Mental Health / Medical History		
Other Agency / Service Involvement		
Outcome Tool		
<input type="checkbox"/> K10	<input type="checkbox"/> SDQ (please attach)	Score:
<input type="checkbox"/> I consent to 360 Health + Community discussing my referral with partner agencies if appropriate.		
Patient Signature:		

Fax to 360 Health + Community on 08 6210 1447