

# 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: 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"/>	
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

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:
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