

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:

Fax to:

08 9527 1193 (Metro)
08 6210 1447 (Midwest)

08 6323 3302 (ALIVE)
08 6270 4428 (Goldfields)