

Referral form

FOR GPS & HEALTH PROFESSIONALS

Client details

Full name:			
Home address:			
Phone:		DOB:	
Gender:		Pronouns:	
Emergency contact:	Name:	Phone number:	
Do they identify as LGBTQIA+?	<input type="checkbox"/> Yes <input type="checkbox"/> No	How do they identify?	
Do they identify as culturally and linguistically diverse?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Interpreter required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do they identify as Aboriginal and/or Torres Strait Islander?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please select the following health care arrangement/s that are applicable:			
<input type="checkbox"/> NDIS	<input type="checkbox"/> Concession/Pension/Health Care Card		
<input type="checkbox"/> GP Mental Health Treatment Plan	<input type="checkbox"/> Home/Aged Care Package		
<input type="checkbox"/> Department for Veteran Affairs (DVA)	<input type="checkbox"/> Other:		

Referrer details

Date of referral:		Referrer name:	
Phone:		Fax:	
Organisation:		Email:	
Role:			

Risk assessment

<p>Does the individual have a history of self-harm?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p>
<p>Do they have current thoughts about suicide?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p>
<p>Have they recently experienced thoughts of harming others?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p>
<p>Are they currently taking any medications?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No Details:</p>

What are the main concerns or issues they would like support with?

Country Mental Health & AOD services

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Services

This referral is for the following services:	
<input type="checkbox"/> Psychological therapy for adults	Psychological therapy (Adult Wellbeing) for adults aged 14 years and over. Appointments are available in Nuriootpa or Gawler.
<input type="checkbox"/> Clinical care coordination	Care planning and service coordination for adults aged 18 years and over experiencing severe and persistent mental health concerns. Appointments are available in Nuriootpa, Gawler, Eudunda, Strathalbyn, Goolwa, Port Pirie, Clare, or Kadina.
<input type="checkbox"/> Country Wellness Connections	Non-clinical psychosocial support for adults aged 16 years and over with mental health challenges, helping them to build skills, confidence, and independence. Appointments are available in Gawler, Nuriootpa, or at a suitable location close to the client.
<input type="checkbox"/> Alcohol & Other Drug Intervention & Management (AIM)	For adults aged 16 years and over with both alcohol and/or other drug use and mental health concerns. Appointments are available in Nuriootpa, Gawler, Victor Harbor, or Kingscote.

Privacy

The Privacy Act requires client consent for the release of their information.

I (the client) give consent to:

- Be contacted by the Head to Health Phone Service team and service providers relevant to this referral using the contact details provided in this form.
- Service providers to seek and share information relevant to this referral.
- My information being used for statistical and evaluation purposes to improve mental health services in Australia. I understand that this will include details such as date of birth, gender and types of services I use, but will not include my name, address or Medicare/Pension/Health Care Card numbers.

Client signature:
(Guardian/parent of child)

Or verbal consent
(Tick if applicable)

Date:

The referrer agrees that all information submitted in this referral is an accurate reflection of the consumer's support needs and is correct with no information withheld, so Head to Health Phone Service can fulfill its duty of care to consumers, staff and other partner agencies.

Referrer signature:

Date:

Submit the referral

Please send the completed referral to the **Country SA Head to Health Phone Service** via Healthlink (EDI: sahthiar), Fax (08 9467 6233), or email (CSAATH@neaminational.org.au), along with any relevant documentation (Mental Health Treatment Plan, Discharge Summary, Assessments). To discuss your referral, call the Head to Health Phone Service on 1800 595 212.