Country Mental Health & AOD services

Referral form

FOR GPS & HEALTH PROFESSIONALS

Sonder
Better Care Better Health

Client details

Full name			
Home address			
Phone		**Date of Birth**	
Gender identity		**Pronouns**	
Emergency contact	Name:	Phone number:	
Do they identify as LGBTQIA+?	☐ Yes ☐ No	**How do they identify?**	
Do they identify as culturally and linguistically diverse?	☐ Yes ☐ No	**Interpreter required?**	☐ Yes ☐ No
Do they identify as Aboriginal and/or Torres Strait Islander?			☐ Yes ☐ No

Please select the following health care arrangement/s that are applicable:	
☐ NDIS	☐ Concession/Pension/Health Care Card
☐ GP Mental Health Treatment Plan	☐ Home/Aged Care Package
☐ Department for Veteran Affairs (DVA)	☐ Other:

Referrer details

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

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Risk assessment

Does the individual have a history of self-harm?	☐ Yes ☐ No ***Details:***
Do they have current thoughts about suicide?	☐ Yes ☐ No ***Details:***
Have they recently experienced thoughts of harming others?	☐ Yes ☐ No ***Details:***
Are they currently taking any medications?	☐ Yes ☐ No ***Details:***

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

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Services

This referral is for the following services:	
☐ **Psychological therapy for adults**	Psychological therapy (Adult Wellbeing) for adults aged 14 years and over. Appointments are available in Nuriootpa or Gawler.
☐ **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.
☐ **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 availabe 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 Medicare Mental 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 ☐ **Date:**
(Tick if applicable)

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

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