

# SEMPHN Mental Health Referral Form (Adult)

Date:

[semphn.org.au/access](http://semphn.org.au/access)

Patient Details	
Full Name:	Level of patient mental health need: At risk    Mild    Moderate    Severe
Date of Birth:	Health Care Card: Yes    No
Gender: Female    Male    Other	NDIS participant: Yes    No
Phone (Mobile):	ATSI status: Neither Aboriginal or Torres Strait Islander origin Aboriginal but not Torres Strait Islander origin Torres Strait Islander but not Aboriginal origin Both Aboriginal and Torres Strait Islander origin Not Stated / Inadequately described
Phone (Home):	Interpreter required: Yes    No
Work Postcode:	Language spoken at home:
Home Address: _____ Suburb _____ Postcode _____ State _____	Treatment Location Preference (LGA): Bayside                      Glen Eira Cardinia                      Kingston Casey                          Mornington Peninsula Dandenong                  Port Philip Frankston                      Stonnington

Referrer Details	
Full Name:	Organisation:
Phone:	Fax:
Address: _____ Suburb _____ Postcode _____ State _____	

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Support Person Details	
Full Name:	Phone:
Relationship with Patient:	Phone (Mobile):

## Assessment

Alerts
(consider any alerts relevant to this referral)

Reason for referral

Outcome Tool	
Name: HoNOS (Health of the Nation Outcome Scales) HoNOS65+ (Health of the Nation Outcomes Scales for Over 65s) LSP-16 (abbreviated version of the Life Skills Profile) RUG-ADL (Resource Utilisation Groups-Activities of Daily Living Scale - over 65s only) Focus of Care (clinician's judgement of a consumer's primary goal of care) K5    K10    DAS 21    DAS42    Edinburgh Post Natal Depression Scale	Score:

Current Medications

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<b>Patient History and Status</b>
Diagnosis History
Family History
Social History
Mental Health History
Personal History
Substance Use
Financial Status

<b>Mental State Examination</b>
(consider appearance and general behaviour; mood; thinking; affect; perception; sleep; cognition; appetite; attention and concentration; motivation and energy; memory; judgement; insight; anxiety symptoms; orientation, speech)

<b>Risk Assessment</b>
(consider suicidal ideation; suicide history; suicidal intent, risk of self-harm; risk to others)

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Patients who are at **acute** or **immediate risk** of suicide or self-harm should be referred to an Emergency Department / Acute Mental Health service

Emergency Care Plan: Important Numbers			
Mental Health Advice Line	1300 280 737	Suicide Line	1300 651 251
Youth Blue	1300 224 636	Suicide call back service	1300 659 467
OCD & Anxiety Help Line	1300 269 438	Lifeline	13 11 14
Domestic Violence Line	1800 737 732	DirectLine (Drug & Alcohol)	1800 888 236
GP After Hours Support Line	1800 022 222	Also good for carers or support persons	
Men's Line	1300 789 978	Gambling Helpline	1800 858 858
Child Protection Helpline	132 111	Parent Line	1300 130 052
Kids Helpline	1800 55 1800	Beyond Blue	1300 224 636
Family Referral Service	1800 066 757	Emergency	000

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## Consent

I, \_\_\_\_\_, give consent for:

1. The South Eastern Melbourne PHN (SEMPHN) to seek, collect and share information about my health and wellbeing and for this information to be disclosed to the health provider(s) to whom I will be referred:

Yes          No

**Patient Signature**

**Date**

I, \_\_\_\_\_, have discussed the proposed referral(s) with the patient, and I am satisfied that the patient understands the proposed uses and disclosures, and the patient has provided their informed consent for these proposed uses and disclosures.

**Referrer Signature**

**Date**

Fax this referral form to SEMPHN Access & Referral on

**Fax: 1300 354 053**

For enquiries call SEMPHN Referral & Access on **1800 862 363** or visit **[semphn.org.au/access](http://semphn.org.au/access)**

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