Goldfields Integrated Primary Mental Health Care Program

Referral Form for:

**GP, Psychiatrist, Eligible Nurse Practitioner within a collaborative arrangement,
Medical officer in a non-government organisation,
School Psychologist/ Counsellor or Senior Staff (Deputy Principal or higher)**

Tel: (08) 9080 0379 Fax: (08) 6444 7459
Email: enquiries@goldfieldsmentalhealthportal.com.au

The Integrated Primary Mental Health Care () services are for clients experiencing mild to moderate mental health issues or experiencing severe and complex symptoms requiring care coordination. Patients at immediate risk of self-harm or suicide should be referred directly to a Hospital Emergency Department.
Should clients be uncontactable for up to seven (7) calendar days from the date of referral, the clinical risk of the client shall in no way transfer to the Mental Health Portal Services.

Referrer Details	
GP / Referrer Name:	
Practice / Organisation Name:	
Role / Title:	
Date:	

Patient Contact Details			
Name:			
Address:			
Phone Number/s:			
Date of Birth:		Country of Birth:	
Indigenous Status:	☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Neither Aboriginal or Torres Strait Islander		
If Patient is under 18 parent/guardian signature is required:			

Is the patient aware of this referral?	☐ Yes ☐ No
Is it ok to leave a phone message for patient?	☐ Yes ☐ No
Patient signature as consent of referral:	

GP 'Principal' Diagnosis	
☐ Attention deficit hyperactivity disorder (ADHD)	☐ Post Natal Depression
☐ Anxiety	☐ Acute stress Symptoms
☐ Depression	☐ Major Clinical Depression
☐ Obsessive-compulsive disorder	☐ Symptoms of Post-traumatic stress disorder
☐ Symptoms of Bipolar disorder	
☐ Brief psychotic disorder	☐ Eating disorder
☐ Agoraphobia	☐ Panic disorder
☐ Somatoform disorder	☐ Other
☐ Symptoms of Personality disorder	

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Is there a Mental Health Treatment/Care Plan attached?	☐ Yes ☐ No
Is the patient at Current Suicide Risk?	☐ Yes ☐ No

Medication Prescribed:
☐ Antipsychotics ☐ Anxiolytics ☐ Hypnotics ☐ Antidepressants ☐ Psychostimulants

Principal Focus of Treatment (*Must tick at least one of the following*)
☐ LIPI: Low Intensity Psychological Intervention
☐ PsychT: Psychological Therapies
☐ Clinical Care Coordination: Nurse led coordinated support for severe and complex presentations

Reason for Referral

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Centrecare
People making time for people

This service requires a K10 *(NOT a DASS)* - GP to complete

K10 In the past 4 weeks:		**None of the time**	**A little of the time**	**Some of the Time**	**Most of the time**	**All of the time**
1	About how often did you feel tired out for no good reason?	1	2	3	4	5
2	About how often did you feel nervous?	1	2	3	4	5
3	About how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4	About how often did you feel hopeless?	1	2	3	4	5
5	About how often did you feel restless or fidgety?	1	2	3	4	5
6	About how often did you feel so restless you could not sit still?	1	2	3	4	5
7	About how often did you feel depressed	1	2	3	4	5
8	About how often did you feel that everything was an effort?	1	2	3	4	5
9	About how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10	About how often did you feel worthless?	1	2	3	4	5
	Total out of 50					

K10 Completed – Patient Signature:	