

REFERRAL FORM – PHN-Funded Mental Health Stepped Care Services



An Australian Government Initiative

Forward completed Referral via Medical Objects to: *GCPHN Referrals*
or Fax: 07 3186 4099

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| <p>This referral form will be used by a triage and intake team. GPs, Paediatricians or Private Psychiatrist can call 07 3186 4000 for service information. Note, this form complies with Mental Health Treatment Plan requirements for billing items 2700/2701 or 2715/2717.</p> | |
| <p>Referral Date:</p> | <p><i>The information in this form has been discussed with, and provided to, the patient.</i></p> <p>Patient or Parent/Guardian/Carer consent for referral? <input type="checkbox"/> Y <input type="checkbox"/> N</p> |
| <p>Referrer Details (Must be a GP, Paediatrician or Private Psychiatrist)</p> | |
| <p><input type="checkbox"/> General Practitioner <input type="checkbox"/> Psychiatrist <input type="checkbox"/> Paediatrician</p> <p>Name:</p> | <p>Email:</p> |
| <p>Practice Name: <i>(practice stamp if available)</i></p> | <p>Practice Suburb:</p> <p>Practice Ph:</p> <p>Practice Fax:</p> |
| <p>Patient Details</p> | |
| <p><i>All information below is critical to support the triage and intake process. Please complete all fields.</i></p> | |
| <p>Patient Name:</p> | <p>DOB:</p> <p>Gender Identity: <input type="checkbox"/> M <input type="checkbox"/> F</p> <p><input type="checkbox"/> Other Identity _____</p> <p>Sexual Identity: <i>(Optional)</i> _____</p> |
| <p>Parent/Guardian/Carer Name:</p> | <p>Relationship to child:</p> |
| <p>Address:</p> <p><input type="checkbox"/> Experiencing homelessness</p> | <p>Postcode:</p> |
| <p>Home Ph:</p> | <p>Mobile Ph:</p> |
| <p>A CURRENT Health Care/Pension Card is mandatory to access the Psychological Services Program.</p> <p>It is not required for other PHN programs</p> | <p>Health Care/Pension Card Number:</p> <p>Expiry Date:</p> |
| <p>Aboriginal or Torres Strait Islander status: <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither</p> | |
| <p>Language spoken at home:</p> | |
| <p>Level of English proficiency _____ 0. NA 1. Very Well 2. Well 3. Not Well 4. Not at all</p> | |
| <p>Has the Patient received Better Access services this calendar year? (Mental Health Treatment Plan) <input type="checkbox"/> Y <input type="checkbox"/> N</p> | |
| <p>Clinical Information</p> | |
| <p>Principal Mental Health Diagnosis:</p> | <p><input type="checkbox"/> Stress / Low mood / Poor sleep / Mild anxiety</p> <p><input type="checkbox"/> PTSD <input type="checkbox"/> Complex trauma <input type="checkbox"/> OCD <input type="checkbox"/> Bipolar</p> <p><input type="checkbox"/> Schizophrenia <input type="checkbox"/> Psychosis <input type="checkbox"/> Substance misuse <input type="checkbox"/> Major depressive disorder</p> <p><input type="checkbox"/> Anxiety <input type="checkbox"/> Other: _____</p> |
| <p>Family History of Mental Illness</p> | <p><input type="checkbox"/> Y <input type="checkbox"/> N</p> |
| <p>Increased risk of harm to self?</p> | <p>Is the person currently self-harming <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Is the person at increased risk of suicide <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Please note this is not a crisis service. If assessed at high risk of suicide, please contact Emergency Services on 000 or Acute Care Team on 1300 642 255.</p> |
| <p>Additional Diagnosis:</p> <p><i>(Please provide details)</i></p> | |

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| Primary reason for referral: <i>(principle reason for treatment and relevant history)</i> | |
| Key Issues Identified by the patient and health practitioner: | |
| <input type="checkbox"/> Physical Health <input type="checkbox"/> Psychological Support | <input type="checkbox"/> Housing/Accommodation <input type="checkbox"/> Daily Living Activities |
| | <input type="checkbox"/> Social |
| Treatment Goals and Hopes of the patient: | |
| Medications: | |
| What existing mental health services are being accessed? | |
| K10 Score | |
| Are there any risk factors we should be aware of? | <input type="checkbox"/> No <input type="checkbox"/> Yes – Please specify or attach existing risk assessment. |
| Preferred Provider Gender (if applicable): <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> | |
| If claiming GP Mental Health Treatment Plan Medicare items (2700, 2701, 2715 or 2717) the below information is also required. <i>Note, for PHN purposes, a GP Mental Health Treatment Plan is only required for the Psychological Services Program referrals.</i> | |
| Crisis intervention plan and/or relapse prevention: | |
| Psycho-education provided: <input type="checkbox"/> No <input type="checkbox"/> Yes | |
| Review date: | |

| Mental Health Stepped Care Services funded by GCPHN | | |
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| Service Need | Services Available | Service Description |
| <i>The clinical triage team will determine which service is most suitable along the stepped care continuum unless pre-selected by the referrer by ticking the boxes below. Please contact the GP and Psychiatrists Information and Advice line on 07 3186 4000 if you would like to discuss further. Note, these services are not crisis services.</i> | | |
| Aboriginal and Torres Strait Islander Mental Health | <input type="checkbox"/> Kalwun Social Health | Social and emotional well-being services delivered by a Mental Health Nurse and Aboriginal Case Manager, within an integrated AOD and mental health model. |
| Mild Mental Health Issues | <input type="checkbox"/> NewAccess Coaching <input type="checkbox"/> Health and Well-being Groups | Evidence based psychological interventions that most appropriately support people with, or at risk of, mild mental illness (primarily anxiety and/or depressive symptoms). Individual coaching and group-based therapy is available. NewAccess Program: developed by beyondblue includes up to 6 sessions of low intensity CBT which can be delivered over the phone, via Skype or in person by a trained mental health coach. For ages 16+. Health and Well-being Group Programs for: <input type="checkbox"/> CALD <input type="checkbox"/> Dual Diagnosis (co-existing mental health and substance use issues) <input type="checkbox"/> General |
| Youth Mental Health | <input type="checkbox"/> Plus Social Clinical Care Coordination Program <input type="checkbox"/> Headspace | Plus Social Program: Clinical care coordination service for young people at risk of severe mental illness who meet the above criteria. Headspace: Early intervention mental health services, along with assistance in promoting wellbeing: mental health, physical health, work and study support and AOD services. |

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| | <input type="checkbox"/> hYEPP – Headspace Youth Early Psychosis Program | <p>hYEPP: hYEPP provides specialist mental health treatment services for young people experiencing or at increased risk of psychosis.</p> <p><input type="checkbox"/> Presents with any attenuated psychotic symptoms such as: overvalued ideas, magical ideation, perceptual disturbances and/or decline in functioning over the last 3 months All programs are for ages 12-25. See Psychological Services Program for children aged 0-12.</p> |
| Moderate Mental Health Issues | <input type="checkbox"/> Psychological Services Program <i>(must hold a Health Care/Pension Card)</i> | <p>Short-term psychological interventions for financially disadvantaged (must hold a health care card) people with non-crisis, non-chronic, moderate mental health conditions, or for people who have attempted, or at risk of suicide or self-harm. Individual and group based therapy is available.</p> <p><input type="checkbox"/> LGBTIQAP+ <input type="checkbox"/> Perinatal - If Postnatal Infant DOB: <i>(up to 1 year of age to be eligible)</i> <input type="checkbox"/> Children (0-12 years) <input type="checkbox"/> Aboriginal and Torres Strait Islanders <input type="checkbox"/> Culturally and Linguistically Diverse Population (CALD) <input type="checkbox"/> Homelessness <input type="checkbox"/> Suicide Prevention</p> <p>Preferred Provider (if applicable):</p> |
| Severe Mental Health Issues | <input type="checkbox"/> Plus Social Clinical Care Coordination Program | <p>Clinical care coordination services for individuals with severe mental illness who are:</p> <p><input type="checkbox"/> experiencing difficulty navigating and accessing support services <input type="checkbox"/> not already receiving clinical coordination support <input type="checkbox"/> can be managed in a primary care setting (does not require acute care / not engaged with Gold Coast Health)</p> <p>Up to 26 weeks clinical care coordination and wellbeing program that is structured, recovery and goal oriented focused on creating significant improvements in quality of life, health and wellbeing. For ages 12-65.</p> |