CAREinMIND™

phn NORTH WESTERN MELBOURNE
An Australian Government Initiative

Suicide Prevention Service GP Referral Form – September 2019

Complete this form and fax to (03) 8080 8948

Date of Referral:

REFERRER DETAILS:
Referrer Relationship to client:
Referrer Name:
Referrer Organisation:
Address:
Postcode:
Telephone:
Fax:
Email:

REASON FOR REFFERRAL:
See descriptor over the page

☐ **Suicide Prevention Support Service**

NOTE: Clients with more acute suicidality should be referred to Emergency Dept or CATT.

CLIENT/PATIENT DETAILS:

Name: Title: First Name: Last Name: Preferred Name:

DOB: **Marital Status:** **Country of Birth:**

Phone: (M)

Parent/Guardian name: (if child under age 16)

Address: (include postcode):

Email address:

Preferred contact method to organise first treatment session: ☐ Phone/mobile ☐ Email
Preferred contact method for evaluation purposes: ☐ Phone/mobile ☐ Email

Gender: ☐ Male ☐ Female ☐ Other
Does client identify as LGBTIQ: ☐ Yes ☐ No
Does client identify as:
☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Non Indigenous

Language spoken at home: ☐ English only ☐ Other
If other, specify:_____
English Level: ☐ Very well ☐ Well ☐ Not Well ☐ Not at all
Interpreter required: ☐ Yes ☐ No
If yes, specify language required:_____

Does client hold a Health Care Card or similar? ☐ Yes ☐ No
If Yes, please write HCC Number and expiry date: _____
Is client a National Disability Support Scheme (NDIS) participant? ☐ Yes ☐ No

Has client been homeless in the previous 4 weeks?
☐ Sleeping rough
☐ Short term/emergency accomm
☐ Not homeless

Employment participation:
☐ Full Time
☐ Part-Time
☐ Not in the labour force

Is client at risk of suicide?

Thoughts	☐ Yes	☐ No
Intent	☐ Yes	☐ No
Plan	☐ Yes	☐ No
Previous attempt	☐ Yes	☐ No

Principal Diagnosis (using DSM-IV) – Please tick all that apply (if known)
NOTE: A mental health diagnosis does not need to be indicated.
☐ Anxiety Disorders ☐ Mood Disorders ☐ Substance use disorders ☐ Psychotic disorder
☐ Disorders with onset usually occurring in childhood and adolescence ☐ Other mental disorder ☐ No formal diagnosis

K10 Score: **Other Measure** *(specify):* *(score)*

Current Medication – Please tick all that apply (if known)
☐ Anxiolytics ☐ Antidepressants ☐ Antipsychotics ☐ Hypnotics and Sedatives ☐ Psychostimulants & nootropics
☐ Mood stabilisers

PLEASE TURN OVER to PAGE 2

PROVIDER OPTIONS: Name of preferred provider or preferred gender of provider (optional)

NB: provider must be a registered with the NORTH WESTERN MELBOURNE PRIMARY HEALTH NETWORK (NWMPHN) CAREinMIND services.
See the System of Care for CAREinMIND service and provider list.

CLIENT CONSENT – for service provision, and quality and evaluation purposes

Sharing Information with health providers and On the Line

☐ ***Yes, I agree to be referred to the CAREinMIND Suicide Prevention Service overseen by NWMPHN. I give consent for my referrer /my GP/paediatrician/psychiatrist to share my personal details with my CAREinMIND provider, On the Line for assessment and allocation purposes, and others involved in my care.***

Client signature:..... Date: .....

Sharing information with the Commonwealth Department of Health

☐ ***Yes I consent for my personal details to be shared with the Commonwealth Department of Health for service quality and evaluation purposes.***

Client signature: ..... *Date:* .....

REFERRER/GP CONSENT

☐ ***Yes, I have discussed this referral with my client***

Referrer/ GP Signature:..... Date:.....

GLOSSARY: CAREinMIND™ Mental Health Services

CAREinMIND™ prioritises referrals for individuals who live, work or study in the North Western Melbourne PHN catchment. Similarly, referrals may be prioritised for general practitioners, psychiatrists, paediatricians who practice in the catchment.

CAREinMIND™ Suicide Prevention Support Service - Suicide prevention services provide a rapid and intensive response to individuals at heightened risk of suicide. Contact occurs within 24 hours of referral and the first session of care is generally provided within 72 hours of intake to the service. Note: this is not a crisis service. Available to all ages.

For more information visit: nwmphn.org.au/health-systems-capacity-building/careinmind/