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| --- | --- | --- |
|  |  | **PHN Mental Health Intake****Stepped Care services** **For further information on Stepped Care services, see** [**HealthPathways**](file:///C%3A%5CUsers%5CBP1%5CDocuments%5CBest%20Practice%5C102577.htm)**.** For any questions, please call PHN Mental Health Intake on 1300 747 724 or email on mentalhealthintake@ourphn.org.au Send via Medical Objects: MENTAL HEALTH CQ PHN (PC4558000B1)Alternatively fax to: 1300 787 494 |
| **Referrer Details** |
| Referrer Name: |  | Date of Referral: |  |
| Referrer Position/Profession: |  | Referrer Provider Number: |  |
| Name of referring practice: |  | Referrer phone: |  |
| Referrer Address: |  |
|  **Client Information**  |
| **Has client given consent for referral?** **[ ]  Yes** **[ ]  No (if no – do not proceed)**  |
| Client Name: |  |
| DOB: |  | Age: |  | Gender: |  |
| Ethnicity: |  | Preferred Language: |  | Interpreter required: |  |
| Address: |  |
| Suburb: |  | Postcode**:** |  |
| Client Contact Details | **Mobile:** |  |
| **Home:** |  |
| **Work:** |  |
| **Email:** |  |
| Medicare No. |  | DVA number |  |
| Health Care Card No. |  | Private Health No. |  |
| Marital Status: |  |
| Medication: |  |
| Allergies: |  |
| **Risk Information – if yes, provide details** |
| Current suicidal ideation? |  | Self- harm? |  |
| Past suicide attempt? |  | Mental health hospital admission in the last 12 months? |  |
| In the last 7 days?  |  | Risk of harm to others? |  |
| **Demographic Information** |
| Rural and Remote resident |  | Culturally and Linguistically Diverse background |  |
| Aboriginal and/or Torres Strait Islander  |  | LGBTIQ community member |  |
| Female with Perinatal depression |  | Financially disadvantaged (e.g. concession card holder) |  |
| Affected by Domestic Violence |  | Homeless (e.g. sleeping rough or couch surfing) |  |
| NDIS participant |  | DVA card holder |  |
| Private health insurance |  | Has the patient seen a psychologist this calendar year under Better Access?  |  |
| **Referral Information** |
| Which stream of support do you believe this person will be eligible for? * Low intensity psychological support (e.g. 6 telephone psychology sessions) [ ]
* Psychological therapy (e.g. 10 face-to-face psychology appointments) [ ]
* Care coordination for severe and complex mental health conditions [ ]
* Intensive care coordination following a suicide attempt [ ]
* Aboriginal or Torres Strait Islander peoples-specific mental health support [ ]
* Child and youth-specific mental health support [ ]
 |
| Reason for referral: |
| **Assessments** |
| Please indicate the score of any assessments undertaken: * Kessler Psychological Distress Scale (K10+)
* Kessler 5 Psychological Distress Scale (K5 - for Aboriginal and Torres Strait Islander people)
* Short Form Survey (SF-12)
* Health of the Nation Outcome Scale (HoNOS)
* Patient Health Questionnaire (PHQ-9)
* General Anxiety Disorder-7 (GAD-7)
* Suicidal Ideation Attributes Scale (SIDAS)
* Strengths and Difficulties Questionnaire (SDQ)
 |
| **GP Mental Health Treatment Plan** |
| Please attach patient's Mental Health Treatment Plan **(required for referral under Stream 3 – Psychological Therapies)** |