SEMPHN Mental Health Referral Form

National Psychosocial Support (NPS)- Flexible Funding Brokerage

Date:		Fax to: SEMPHN Access & Referral 1300 354 053

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	
Phone (Mobile): Phone (Home): N/A Work Postcode: N/A	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
Language(s) spoken at home:	Interpreter required: ☐ Yes ☐ No
Local Government Area (LGA): ☐ Bayside ☐ Glen Eira ☐ Stonnington ☐ Port Phillip	
NPS Eligibility: ☐ Not eligible for NDIS ☐ **Are not** clients of Partners in Recovery, Day to Day Living or the Personal Helpers and Mentors programs ☐ Do not access state funded Mental Health Community Support Services (MHCSS)	

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Referrer Details	
Full Name:	Organisation:
Phone:	Fax:
Address:	
State: VIC	Postcode:

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

Assessment

Alerts
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Reason for referral

Outcome Tool	
Name: ☐ K5 ☐ K10 ☐ Life Skills Profile 16 (LSP-16)	Score:

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☐ Camberwell Assessment of Need (CAN-C) ☐ The Process of Recovery Questionnaire (QPR)	

Key Service Element
Service Element Need: ☐ Flexible Funding Brokerage

Current medications

Patient history and status
Mental Health Diagnosis:
Family history:
Social history:
Mental health history:
Personal history:
Physical health:
Intellectual Disability:

Mental state examination
(consider appearance and general behavior; mood; thinking; affect; perception; sleep; cognition; appetite; attention and concentration; motivation and energy; memory; judgement; insight; anxiety symptoms; orientation; speech)

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Risk assessment
(consider suicidal ideation; suicide history; suicidal intent; risk of self-harm; risk to others)

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
OCD & Anxiety Help Line	1300 269 438	Suicide callback service	1300 659 467
Domestic Violence Line	1800 737 732	Lifeline	13 11 14
GP After Hours Support Line	1800 022 222	DirectLine (Drug & Alcohol) *Also good for carers or support persons*	1800 888 236
Men's Line	1300 789 978	Gambling Helpline	1800 858 858
Family Referral Service	1800 066 757	Beyond Blue	1300 224 636

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Consent

I, _____ give consent for:

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

Consumer 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 Access & Referral on **1800 862 363** or visit **semphn.org.au/access**

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