SWSPHN Mental Health Central Intake

Enquiries 1300 797 746 (1300 SWSPHN) **Referrals confidential fax line 4623 1796**

phn SOUTH WESTERN SYDNEY
An Australian Government Initiative

GP Mental Health Referral Form

Referrals cannot be accepted without the patient's signed consent – see reverse

Date:	GP Name:	Practice Name:
GP Phone:	GP Fax:	Practice Suburb:
GP email:		

Patient Details

Title:	First Name:	Last Name:	
Address:		Postcode:	
Phone: H M	DOB:	Male ☐ Female ☐ Other ☐	
	Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐		
Marital Status: Never married ☐ Widowed ☐ Divorced ☐ Separated ☐ Married ☐			
Country of Birth:	Language spoken at home:		
Proficiency in Spoken English: NA (under 5) ☐ Very well ☐ Well ☐ Not well ☐ Not at all ☐			
Health Care Card: Yes ☐ No ☐	NDIS participant: Yes ☐ No ☐		
Source of income: NA (under 16 years) ☐ Disability Pension ☐ Other Pension ☐ Paid Employment, Full Time ☐ Part Time ☐ Compensation Payments ☐ Other Income ☐ Nil Income ☐			
Housing Status: Sleeping rough ☐ Emergency or short-term accommodation ☐ Not homeless ☐			

STEPPED CARE *please tick required service*		
Service Need	**Indicative K10+ Score and Functional Impairment**	**Services available**
Low	16-25 with no to mild functional impairment	☐ **New Access (18 years and over) No MHTP required.**
Moderate	26-30 with moderate functional impairment	☐ **You in Mind (Eligible target groups, over 12 years of age only)** ☐ Aboriginals & TSI ☐ Culturally & Linguistically Diverse ☐ Disadvantaged areas of Airds, Claymore and 2168 postcode area ☐ Wollondilly and Wingecarribee, ≥ 30km from or no public transport to a Better Access provider, and/or pension card holder
High	31-50 with moderate to high functional impairment	
Complex	Variable with persistent functional impairment	☐ **Credentialed Mental Health Nurse Service**
Children 3-12 years	Paediatric Symptom Score ≥ 15	☐ **STAR4Kids –** Children's psychological services

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Thank you for agreeing to see {patient's first name}, who is currently a patient of mine

1) I have assessed his/her needs and completed the following Pre-treatment Outcome measure

K10+ Score (people over 12 years) ☐ K5 (Aboriginals and Torres Strait Islanders only) ☐

Paediatric Symptom Check Score (Children) ☐

2) Prepared an initial GP Mental Health Treatment Plan or GP Mental Health Treatment Plan (for children)
3) I have indicated the service that best fits the current needs of my patient on the reverse.

☐ I request {insert name of mental health professional} as the treating mental health professional (MHP) for my patient and understand that this MHP may not have the availability for a timely response.

OR

☐ I request that my patient be allocated to the most appropriate mental health service/professional by Mental Health Central Intake

I, _____, (**patient, parent or guardian** name - please print clearly)

Consent to this referral and I agree to information about my mental health being recorded in my medical file and shared between the GP, South Western Sydney PHN Central Intake to assist in the management of my health care and the Mental Health Professional to whom I am referred.

I understand that SWSPHN will provide information that does not identify me, such as the types of I service I receive, to the Department of Health to assist improvement of mental health services in Australia. (Delete if you do not consent to sharing of information with the Department of Health)

_____ _____

Signature (patient, parent or guardian): **Date**

I (GP) have undertaken an assessment and prepared a Mental Health Treatment Plan / Child Treatment Plan for my patient. I have discussed the proposed referral with my patient and am satisfied that the patient understands the proposed uses and disclosures and has provided their informed consent to these.

_____ _____ _____

Signature (GP): **GP Name** **Date**

Please FAX completed Referral Form and a copy of the GP Mental Health Treatment Plan to SWSPHN Mental Health Central Intake on confidential fax line 4623 1796

Our Mental Health Central Intake clinicians are happy to answer your questions regarding referral and treatment planning on **1300 797 746** (1300 SWS PHN)