

SWSPHN Mental Health Central Intake

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

Group Referral Form

Referrals cannot be accepted without a summary of mental health concerns and the consumer's signed consent

Referrer Details

Date:	Name:	Organisation:
Phone: Fax:	Position in organisation:	Suburb:
Relationship to consumer:		Email:

Consumer Details

Title:	First Name:	Last Name:
Address:		Postcode:
Phone: H:	DOB:	Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/>
M:	Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/>	
Country of Birth:	Language spoken at home (other than English): Interpreter required?	

Current General Practitioner (GP):		
Name:	Practice:	Phone:

Mental Health Concerns

Provide summary of presenting issues including diagnosis, past or current treatment, level of functional impact, medication etc:

IS THE CLIENT CURRENTLY ACCESSING, OR HAS PREVIOUSLY ACCESSED INDIVIDUAL SERVICES?

If so, please advise when and what service

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NOTE: More information about these services can be found at swsphn.com.au (Mental Health Programs section).

Group Program	<i>Can be in addition to individual services</i>	<input type="checkbox"/> _____ <i>(name of group).</i> <input type="checkbox"/> _____ <i>(name of group).</i>
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Consent

I, _____, (**consumer, parent/carer 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 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)

Our Mental Health Central Intake clinicians are happy to answer your questions regarding referral and treatment planning on **1300 797 746** (1300 SWS PHN)
Fax completed form with signed consumer consent to
mental health central intake confidential fax line **4623 1796**