**REFERRAL FORM – Head to Health Phone Service**

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| This referral form will be used by the Head to Health Phone Service. The consumer will be contacted for an assessment to determine the most appropriate service intensity and type. This referral form replaces the previous GCPHN Mental Health Stepped Care Services Referral form.  If you have completed a MHTP or used the Initial Assessment and Referral Decision Support Tool please attach with the referral. | | |
| By consenting to this referral, the person is consenting to the sharing of their personal information. The information contained in the referral is used by the Head to Health Phone Service to: (1) deliver assessment and referral services, (2) for monitoring, aggregate reporting and evaluation purposes to improve quality and access to care. This information will be passed on to the recommended provider who will contact the person.  Please indicate the information in this form has been discussed with, and provided to, the patient.Y N  **Patient or Parent/Guardian/Carer consents to referral?** Y N  **Referrer consents to the collection and storage of referrer details on internal database?** Y N | | |
| Referral date: | | |
| **Referrer Details** | | |
| Name: | | Role / Organisation: |
| Address: | | Email: |
| Phone: |
| Fax: |
| **Consumer Details** | | |
| Full Name:  Preferred Name: | DOB: | Gender Identity:  M  F  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Pronouns: |
| Address:  Experiencing homelessness | | Postcode: |
| Home Ph: | | Mobile Ph: |
| LGBTIQAP+: Y N | | Health Care/Pension Card: Y N  Expiry date: |
| Aboriginal or Torres Strait Islander status:  Aboriginal  Torres Strait Islander  Both  Neither | | |
| Culturally or Linguistically Diverse (CALD): Y N  Language spoken at home:  Is an interpreter required? Y N | | |
| Is there a current Mental Health Treatment Plan in place? *(If yes, please attach to this referral)* Y N | | |
| Does the consumer have NDIS funding in place? Y N | | |
| Would the person prefer to access a dedicated organisation that supports people who identify as:  Aboriginal and Torres Strait Islander  Culturally and Linguistically Diverse  LGBTIQAP+ | | |

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| --- | --- | --- |
| Emergency Contact Name:  Phone Number: | | Relationship to person:  Parent/Guardian/Carer |
| **Risk of Harm** | | |
| **Risk of Harm** | Potential for harm to self or others:  Is the person currently self-harming? Y\* N  Is the person at increased risk of suicide? Y\* N  Is there a risk of harm to others? Y\* N  \*If yes please provide details of **action taken** and attach risk assessment:    **\*\*Please note this is not a crisis service. If assessed at very high risk of harm, please contact Emergency Services on 000 or Acute Care Team on 1300 642 255.** | |
| **Referral Notes** | | |
| Mental health diagnosis |  | |
| Symptom severity and level of distress |  | |
| Medications |  | |
| Treatment Goals and Hopes of the Patient |  | |
| Please provide any additional information and/or identified needs to help inform the assessment and conversation with consumer |  | |
| Please list any other referrals made or existing services being accessed: |  | |

Forward completed referral via Medical Objects to: ***Head to Health Gold Coast Referrals*** or Fax: 07 3186 4099

**Please note:** This referral form replaces the previous GCPHN Mental Health Stepped Care Services referral form. You no longer need to select a service on this form as the consumer will be assessed by the Head to Health Phone Service to determine the best service for their needs.

The Head to Health Phone Service can assess and refer clients to GCPHN Mental Health Stepped Care services and other funded services. For more information about the GCPHN Mental Health Stepped Care Services, visit https://gcphn.org.au/wp-content/uploads/2023/05/GCPHN-Funded-Services-Mental-Health-7.pdf (copy and paste url into browser).

Please be advised the new Supporting Minds Program commenced service in March 2023. This service contains a blend of clinical and non-clinical workers and could be a possible alternate service option for people who previously accessed the Psychological Services Program. GPs can make direct referral using the referral form at https://www.wmq.org.au/mental-health/supporting-minds (copy and paste url into browser). Note: The Psychological Services Program (PSP) has now ceased.