

MENTAL HEALTH – CLINICAL CARE COORDINATION Referral Form



REFERRAL BY GP ONLY

To Be Eligible Client Must Meet All Five Criteria Below

1. Must be financially disadvantaged
2. Must be 18yrs or older
3. Experiencing a severe mental health illness – stable mild to moderate
4. Client would benefit from Nurse-led Clinical Care Coordination
5. Currently not in crisis or in need of urgent assistance

CLIENT DETAILS:

Surname: _____ First Name: _____ DOB: _____
Phone: _____ Email: _____
Address: _____
Postal Address (if different from above): _____
Pension Card/HCC No: _____ NDIS Participant: Yes No

IMPORTANT: REFERRAL WILL NOT BE ACCEPTED IF ALL INFORMATION IS NOT COMPLETED

Do you identify as: Aboriginal Torres Strait Islander Both Neither
Gender: Male Female X (Indeterminate/Intersex/Unspecified)
Type of employment: Unemployed Full-time Part-time Not in Labour Force
Source of Income: _____ Mental Health Care Plan: Yes No
Homelessness: No Short-term Emergency Sleeping Rough
Marital Status: Widowed Married/Defacto Never Married Divorced/Separated
Country of Birth: _____ Perinatal: Yes No
Main Language Spoken at Home: English Only Other (please state): _____
How well does this person speak English? Very Well Well Not Well Not at All

GP DETAILS: REFERRAL BY GP ONLY

Name: _____ Phone: _____ Fax: _____
Practice/Organisation: _____
Address: _____
Email: _____

Please continue to next page

REASON FOR REFERRAL:

Alcohol Use: Yes No

Other drugs: Yes No

Medication required:
(please list)

Other services involved:
(please list)

Brief Mental Health history:
(Include diagnosis and length of time)

Any current risks or concerns:

CONSENT:

- I have discussed this referral with the client and the client consents to being referred to Amity Health Mental Health Portal

Referrer Signature: _____ Date: _____

PLEASE PROVIDE YOUR CLIENT A COPY OF THIS REFERRAL

Please return this completed form and any other relevant documentation to Amity Health via one of the following methods:

Fax: 08 9842 2798 or

Email: query@amityhealth.com.au

For enquiries please contact the Amity Health Mental Health team on 08 9842 2797

INFORMATION FOR CLIENT:

Amity Health will contact you via phone. Please contact Amity Health on 08 9842 2797 to book an appointment if you have not heard from us in 7 days.