Integrated Primary Mental Health Care Program "Connections Count" in Residential Aged Care Facilities (RACF)

REFERRAL FORM – to be completed by Health Practitioner

To Be Eligible The Client Must Meet All Three Criteria Below

1. Must be a resident in a designated RACF in the Great Southern and the Wheatbelt
2. Experiencing or be at risk of mild to moderate mental health Illness
3. Currently **NOT** in crisis or in need of urgent assistance

Client Details

Surname: _____ First Name: _____ DOB: __/__/____

Phone: _____ Email: _____

RACF: _____

Postal Address : _____

Guardian Name: _____

Phone: _____ Signature: _____

Next of Kin: _____ Phone: _____

Pension Card/HCC No: _____ NDIS Participant: ☐ Yes ☐ No

Court Order: ☐ Yes ☐ No COVID-19 Vaccination Status: ☐ 1st Dose ☐ 2nd Dose ☐ Booster

IMPORTANT: Please complete the following questions

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

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

Has access to telehealth: ☐ Yes ☐ No

Referrer Details

Name: _____ Phone: _____ Fax: _____

Practice/Organisation: _____

Address: _____

Date: _____ Any other agencies involved: _____

Reason for Referral

Please continue to next page

Amity Health Mental Health Portal is funded by Department of Health through **WAPHA** (Western Australia Primary Health Alliance)

K10 +	None of the time	A little of the time	Some of the time	Most of the time	All of the time
1. In the last four weeks, about how often did you feel tired out for no good reason?	☐1	☐2	☐3	☐4	☐5
2. In the last four weeks, about how often did you feel nervous?	☐1	☐2	☐3	☐4	☐5
3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	☐1	☐2	☐3	☐4	☐5
4. In the last four weeks, about how often did you feel hopeless?	☐1	☐2	☐3	☐4	☐5
5. In the last four weeks, about how often did you feel restless or fidgety?	☐1	☐2	☐3	☐4	☐5
6. In the last four weeks, about how often did you feel so restless you could not sit still?	☐1	☐2	☐3	☐4	☐5
7. In the last four weeks, about how often did you feel depressed?	☐1	☐2	☐3	☐4	☐5
8. In the last four weeks, about how often did you feel that everything was an effort?	☐1	☐2	☐3	☐4	☐5
9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	☐1	☐2	☐3	☐4	☐5
10. In the last four weeks, about how often did you feel worthless?	☐1	☐2	☐3	☐4	☐5
TOTAL OUT OF 50					

The next few questions are about how these feelings have affected you in the last four weeks. You need not answer these questions if you answered **"NONE OF THE TIME"** to all of the ten questions about your feelings.					
11. In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?					
12. [Aside from those days], in the last four weeks, HOW MANY DAYS were you ABLE to work, study or manage your day to day activities but had to CUT DOWN on what you did because of these feelings?					
13. In the last four weeks, how times have you seen a doctor or any other health professional about these feelings?					
14. In the last four weeks, how often have physical health problems been the main cause of these feelings?	☐1	☐2	☐3	☐4	☐5

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

Email: query@amityhealth.com.au

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

Information for Client

Amity Health will contact you via phone. If you have not heard from Amity Health within 7 days please call 08 9842 2797 to book an appointment