



Non-Urgent Mental Health Service Referral Form

For response time greater than 24 hrs

Consumer Details

| | | |
|-----------------------------|-----------------------------|--|
| Last name: | Given name: | URN: |
| DOB: | Male/Female/Other | Indigenous Australian <input type="checkbox"/> |
| Language spoken: | Interpreter required YES/NO | |
| Address: | Ph: | |
| Diagnosis: | | |
| Carer/Parent/Guardian name: | Ph: | |
| Dependants/Children: | | |
| Name: | DOB/age: | |
| Name: | DOB/age: | |

This referral has been discussed with the person. They have given consent for the referral and are aware that Mental Health Services may contact them directly: Yes No

General Practitioner Details

| | | |
|----------------|-----|------|
| Name: | Ph: | Fax: |
| Practice Name: | | |
| Address: | | |

Referrer Details

| | |
|-------------------|---------------|
| Name: | Organisation: |
| Ph: Fax: | |
| Date of referral: | |

Risk Assessment: Tick (✓) relevant box for each domain. See back of form for Risk Assessment Guide and referral process. If you identify areas in the **red (underlined)** text, contact Mental Health Triage on 13 14 65.

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|--------------------------------------|----------------------------------|-----------------------|------------------------------------|-------------------------------------|--------------------------|
| Risk of harm to self/others/both | None | Low | Moderate | <u>Significant</u> | <u>Extreme</u> |
| Level of problem with functioning | None/Mild | Moderate | Significant Impairment in one area | Serious Impairment in several areas | Extreme Impairment |
| Level of support available | No problems/Highly Supportive | Moderately Supportive | Limited Support | Minimal | No support in all areas. |
| History of response to treatment | No Problem/ Minimal Difficulties | Moderate Response | Poor Response | Minimal Response | No Response |
| Attitude and engagement to treatment | No Problem/ Very Constructive | Moderate Response | Poor Engagement | Minimal Response | <u>No Response</u> |
| Overall assessment of risk | LOW | MEDIUM | HIGH | <u>EXTREME</u> | |

Clinical Information/Reason for Referral:

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Firearms Notification Yes No Child Protection Notification Yes No

Please attach a health summary, mental health care plan if appropriate and any other relevant documentation.

Any other Providers involved in care:

Name:..... Discipline:..... Ph:.....

Name:..... Discipline:..... Ph:.....

Contact Numbers

For urgent referrals call Mental Health Triage on 13 14 65.

For non-urgent referrals fax this form to the local metropolitan community mental health service according to the consumer's residential address. The mental health service will fax back confirmation of receipt of this referral.

For information regarding catchment areas visit: www.sahealth.sa.gov.au/mentalhealthGPsharedcare.

| Service | Phone | Fax | Service | Phone | Fax |
|--|-----------|-----------|-----------------|-----------|-----------|
| Northern CMH (Playford and Salisbury) | 7485 4300 | 7485 4401 | Outer South CMH | 8384 9599 | 8384 1629 |
| North East CMH | 7425 6300 | 7425 6333 | N Older Persons | 7425 6300 | 7425 6345 |
| Western CMH (Port Adelaide and West Adelaide) | 7425 3800 | 7425 3888 | W Older Persons | 8426 0600 | 8426 0699 |
| Eastern CMH (Glynburn and Hallett) | 7425 5555 | 7425 5556 | E Older Persons | 7425 6400 | 7425 6401 |
| Inner South CMH | 7425 8500 | 7425 8608 | S Older Persons | 7117 5037 | 7117 5081 |
| For all Child Adolescent Mental Health Service (CAMHS) referrals contact CAMHS Connect by calling 1300 222 647 | | | | | 8429 6184 |

Risk Assessment Guide

Risk of harm to self/others

| | | | | |
|---|---|---|--|--|
| 0. None (no thoughts or action of harm). | 1. Low (Fleeting thoughts of harming themselves or harming others but no plans/current low alcohol or drug use). | 2. Moderate (current thoughts/distress/past actions without intent or plans/moderate alcohol or drug use). | 3. Significant (current thoughts/past impulsive actions/recent impulsivity/some plans, but not well developed/increased alcohol or drug use). | 4. Extreme (Current thoughts with expressed intentions/past history/plans/ unstable mental illness/ high alcohol or drug use, intoxicated/violent to self/others/ means at hand for harm to self/others). |
|---|---|---|--|--|

Level of problem with functioning

| | | | | |
|---|---|---|---|---|
| 0. None/Mild (No more than everyday problems/slight impairment when distressed). | 1. Moderate (Moderate difficulty in social/occupational or school functioning/reduced ability to cope unassisted). | 2. Significant Impairment in one area (either social, occupational or school functioning). | 3. Serious Impairment in several areas (Social, occupational or school functioning). | 4. Extreme Impairment (inability to function in almost all areas). |
|---|---|---|---|---|

Level of support available

| | | | | |
|--|--|---|--|------------------------------------|
| 0. No problems/Highly Supportive (all aspects/most aspects highly supportive/self/ family/professional/ effective involvement). | 1. Moderately Supportive (Variety of support available, able to help in times of need). | 2. Limited Support (few sources of help, support system has incomplete ability to participate in treatment). | 3. Minimal (few sources of support and not motivated) | 4. No support in all areas. |
|--|--|---|--|------------------------------------|

History of response to treatment

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| 0. No Problem/ Minimal Difficulties (Most forms of treatment have been successful/ new client). | 1. Moderate Response (Some responses in the medium term to highly structured interventions). | 2. Poor Response (Responds only in the short term with highly structured interventions). | 3. Minimal Response (Minimal response even in highly structured interventions). | 4. No Response (No response to any treatment in the past). |
|--|---|---|--|---|

Attitude and engagement to treatment

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| 0. No Problem/ Very Constructive (Accepts illness and agrees with treatment/new client) | 1. Moderate Response (Variable/ ambivalent response to treatment). | 2. Poor Engagement (Rarely accepts diagnosis). | 3. Minimal Response (Client never cooperates willingly). | 4. No Response (Client has only been able to be treated in an involuntary capacity). |
|--|---|---|---|---|