



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.

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).
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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).
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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.
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History of response to treatment

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).
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Attitude and engagement to treatment

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).
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