CAREinMIND™

phn NORTH WESTERN MELBOURNE
An Australian Government Initiative

# GP (TPS and ISS) Referral Form – September 2019

**Complete this form and fax to (03) 9348 0750. Attach a Mental Health Treatment Plan or other comprehensive assessment documentation to allow for timely assessment of eligibility.**

**Date of Referral:**

**REFERRER DETAILS:**
**Referrer Relationship to client:**
**Referrer Name:**
**Referrer Organisation:**
**Address:**
**Postcode:**
**Telephone:**
**Fax:**
**Email:**

**REASON FOR REFFERRAL:**
*See descriptor over the page*

☐ **Targeted Psychological Support Service (TPS)**

☐ **Intensive Support Service (ISS)**

**CLIENT/PATIENT DETAILS:**

**Name:** Title: First Name: Last Name: Preferred Name:

**DOB:** **Marital Status:** **Country of Birth:**

**Phone:** (M)

**Parent/Guardian name:** (if child under age 16)

**Address:** (include postcode):

**Email address:**

**Preferred contact method to organise first treatment session:** ☐ Phone/mobile ☐ Email

**Preferred contact method for evaluation purposes:** ☐ Phone/mobile ☐ Email

**Gender:** ☐ Male ☐ Female ☐ Other

**Does client identify as LGBTIQ:** ☐ Yes ☐ No

**Does client identify as:**
☐ Aboriginal ☐ Torres Strait Islander ☐ Both Aboriginal and Torres Strait Islander ☐ Non Indigenous

**Language spoken at home:** ☐ English only ☐ Other
If other, specify:_____

**English Level:** ☐ Very well ☐ Well ☐ Not Well ☐ Not at all

**Interpreter required:** ☐ Yes ☐ No
If yes, specify language required:_____

**Does client hold a Health Care Card or similar?** ☐ Yes ☐ No
If Yes, please write HCC Number and expiry date: _____

**Is client a National Disability Support Scheme (NDIS) participant?** ☐ Yes ☐ No

**Has client been homeless in the previous 4 weeks?**
☐ Sleeping rough
☐ Short term/emergency accomm
☐ Not homeless

**Employment participation:**
☐ Full Time
☐ Part-Time
☐ Not in the labour force

**Is client at risk of suicide?**

| | | |
|---|---|---|
| Thoughts | ☐ Yes | ☐ No |
| Intent | ☐ Yes | ☐ No |
| Plan | ☐ Yes | ☐ No |
| Previous attempt | ☐ Yes | ☐ No |

**Principal Diagnosis (using DSM-IV)** – Please tick all that apply (if known)
*NOTE: A mental health diagnosis does not need to be indicated.*
☐ Anxiety Disorders ☐ Mood Disorders ☐ Substance use disorders ☐ Psychotic disorder
☐ Disorders with onset usually occurring in childhood and adolescence ☐ Other mental disorder ☐ No formal diagnosis

**K10 Score:** **Other Measure** *(specify):* *(score)*

**Current Medication –** Please tick all that apply (if known)
☐ Anxiolytics ☐ Antidepressants ☐ Antipsychotics ☐ Hypnotics and Sedatives ☐ Psychostimulants & nootropics
☐ Mood stabilisers



PLEASE TURN OVER to PAGE 2

**PROVIDER OPTIONS: Name of preferred provider or preferred gender of provider (optional)**

Insight Clinic Mental Health Services Pty Ltd - Provider Name : Smitha Sugathan.

*NB: provider must be a registered with the NORTH WESTERN MELBOURNE PRIMARY HEALTH NETWORK (NWMPHN) CAREinMIND services. See the System of Care for CAREinMIND service and provider list.*

**CLIENT CONSENT – for service provision, and quality and evaluation purposes**

**Sharing information with the Commonwealth Department of Health**

☐ ***Yes I consent for my personal details to be shared with the Commonwealth Department of Health for service quality and evaluation purposes.***

Client signature: ..... *Date:* .....

**Evaluation of CAREinMIND Services** *(mobile or email address fields are required)*

☐ ***Yes I consent to being contacted by NWMPHN to invite me to participate in the evaluation of CAREinMIND services. I agree that my contact details may be disclosed to the contracted evaluation provider for that purpose.***

Client signature: ..... Date: .....

**REFERRER/GP CONSENT**

☐ ***Yes, I have discussed this referral with my client***

Referrer/ GP Signature:..... Date:.....

## GLOSSARY: CAREinMIND™ Mental Health Services

CAREinMIND™ prioritises referrals for individuals who live, work or study in the North Western Melbourne PHN catchment. Similarly, referrals may be prioritised for general practitioners, psychiatrists, paediatricians who practice in the catchment.

- **CAREinMIND™ Targeted Psychological Support Service** – (formerly known as ATAPS). Short-term focused psychological interventions, for all ages. Includes up to 12 sessions of counselling support with a CAREinMIND contracted mental health clinician.
- **CAREinMIND™ Intensive Support Service** – Comprehensive coordinated support for people with complex mental illness and ongoing primary support needs. Delivered by credentialed mental health nurses working in collaboration with the client's general practitioner and/or psychiatrist and other services involved in the client's care.
- **CAREinMIND™ Wellbeing Support Service** - Ideal for people who do not meet diagnosis for mental illness but are struggling with the pressures and stresses of everyday life. Phone or web-based support 24 hours per day, 7 days. Consumer information: careinmind.com.au or counselling support line **1300 096 269**

**For more information visit:** nwmphn.org.au/health-systems-capacity-building/careinmind/

# Client Information
# - to be handed to the client for their reference

**You have been referred to CAREinMIND for mental health support services.**
**There is no cost associated with this service.**

## What happens next?

1. A CAREinMIND counsellor will contact you, on the number you have provided, to set up an appointment.

2. You and your counsellor will arrange other appointments as you need them.

3. Before your first appointment:
   If you have signed the ***consent for evaluation*** *box* you will be contacted by text or email with a link to a ***You Said…*** survey. Please complete this survey before your first appointment.

## What is *You Said..?*

*You Said…* is a online survey tool, used to collect and measure your experience and outcomes.

*You Said…* gives you a way to share your experiences of the care you receive, so that we can improve services for everyone in our community through your feedback.

## How does it work?

You will be asked to complete one short survey before your first session, and two longer surveys during your treatment – at around three months and nine months.

The information you share through *You Said…* will help us to improve our health services and for you and others.

To protect your privacy and confidentiality all information you share through *You Said…* is de-identified, unless you choose to give consent for CAREinMIND staff to contact you.

## Questions?

Your GP can tell you more and get you started with *You Said…* It's great to have you on board!

Or visit www.nwmphn.org.au/yousaid