

medicare

Mental Health Centres

REFERRAL FORM

Email: mmhc@sjog.org.au
Fax: 08 6266 3743

U.R. Number

Surname

Given Names.....

Date of Birth / / Sex.....

Use Label If Available or BLOCK LETTERS

Medicare Mental Health Centres do not require a referral, however providing the information below may help.

Service Overview

We provide:

- Immediate support for people in distress
- Short and medium term mental health support
- An alternative to an ED presentation for people with low / moderate risk
- Service navigation and assistance in linking in with other local services

Referrer details:

Name: _____

Service: _____

Caregiver role (e.g. GP, private clinician, support worker etc.): _____

Email address: _____

Phone and fax number: _____

Person details:

Full name: _____

Preferred name: _____

Gender: _____ Preferred pronouns: _____

Date of birth: _____

Residential address: _____

Suburb and postcode: _____

Contact number: _____

Email address: _____

Does the referred person identify as Aboriginal, Torres Strait Islander or both? _____

Contact preference:

1. Phone 2. Email 3. Text message

Permission to leave voicemail:

1. Yes 2. No

Interpreter required:

1. Yes 2. No

Language spoken at home (if primary language not English): _____

English proficiency: _____



NO WRITING IN MARGINS

SGCZWLFT0508 03/25

REFERRAL FORM

SO 0508

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Alternative contact - Who can we contact if we cannot contact the referred person?

Name: _____

Relationship to person being referred: _____

Phone: _____

Email address: _____

Reason for referral: Please provide the referred person's perspective as well as your own

Current diagnosis if available:

Current treatment including medication:

Is there any current / past alcohol and other drug use:

Other relevant information: for example has the referred person recently been admitted to a mental health inpatient unit?

Have you included a current or recent assessment?

1. Yes 2. No

Are there any safety issues? Please be specific i.e. risk of harm to self / others, risk of harm from others:

Areas of resilience: i.e. what are the referred person's strengths? Do they have good support in the community?



NO WRITING IN MARGINS

