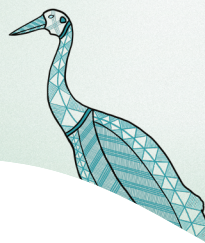
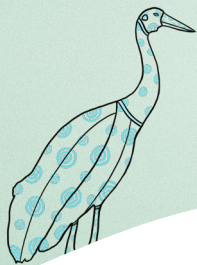


# Referral Form



medicare

**Mental Health Centre  
Darwin**

**Medicare Mental Health Centres provide free and confidential mental health support to adults aged 18 years and over. No Medicare card is required to access this service. Referral is not required but helpful.**

Qualified mental health professionals including people with Lived Experience of mental health challenges work together to offer support to meet the needs of the person being referred.

This may include:

- Immediate mental health support for people in distress

- short or medium-term mental health and wellbeing support
- service navigation and helpful, relevant information.

Where consent is provided, referral outcomes may be shared with the person's GP or referring provider.

Please note this is not an emergency service. If assessed at high risk of harm, call Triple Zero (000) or your local Public Mental Health Service.

**For more information go to [www.neaminational.org.au/Medicare-Mental-Health-Centre](http://www.neaminational.org.au/Medicare-Mental-Health-Centre)**

## Referral details

### Referrer profession (tick one)

General Practitioner

Midwife

Occupational Therapist

Psychiatrist

Maternal Health Nurse

Aboriginal Health Worker

Obstetrician

Psychologist

Educational Professional

Paediatrician

Mental Health Nurse

Early Childhood Service Worker

Other medical specialist

Social Worker

Self-referral

Other (please specify)

### Referrer contact details

Name

Organisation

Phone

Fax

Email

### Consumer details

Full name

Preferred name

Date of birth

/ /

Gender

Pronouns

Preferred contact method

Phone

SMS

Email

Phone / mobile

Email

Interpreter required?      Yes      No      Preferred language

Address

No fixed address

## Support needs & safety concerns

### Reason for referral (brief description)

### Safety concerns (if applicable)

Suicidal thoughts/self-harm risk

Alcohol or drug-related concerns

Other (please describe)

### Supporting documentation (please provide with the referral, if available)

Mental Health Treatment Plan (MHTP)

— Psychological distress assessment (K10/K5)

— IAR-DST assessment

Current medications & treatment

Relevant history (e.g. medical conditions, substance use)

## Consent to share information

The Privacy Act requires that the consumer provides consent for the disclosure of their information. By consenting to this referral, the consumer gives consent for the Medicare Mental Health Centre to collect and share information concerning matters related to this application, with the referrer, the referral support person outlined in this form, other service providers relevant to this referral and to sharing information with the Primary Health Network (PHN) that funds the service. The PHN uses this information for program management, quality improvement and monitoring service delivery. If the consumer also gives consent at the time of commencing support with the Medicare Mental Health Centre, some of their deidentified information may be shared with the Commonwealth Department of Health and Aged Care and state and territory health departments to be used for statistical and evaluation purposes to improve mental health services in Australia.

**Consumer signature** (guardian/parent if child)

Or **verbal consent** (tick if applicable)

Date        /        /  
.....

The referrer agrees that all information submitted in this referral is an accurate reflection of the person's support needs, is correct with no information withheld, and is necessary for Medicare Mental Health Centres to fulfill their duty of care to service users, staff, and partner agencies.

**Referrer signature**

Date        /        /  
.....

## Contact details

Please return this referral form and any supporting documentation to  
**Medicare Mental Health Centre Darwin**



16 Scaturchio Street  
Casuarina NT 0810



**Email**

MedicareMHC.Darwin@neaminational.org.au



**Fax**

08 6230 5218

Alternatively **call (08) 8914 6600** to discuss the referral.