Referral Form

medicare

Mental Health Centre
Geelong

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

Referral details

Referrer profession (tick one)

- ☐ General Practitioner
- ☐ Psychiatrist
- ☐ Obstetrician
- ☐ Paediatrician
- ☐ Other medical specialist
- ☐ Other (please specify) .....
- ☐ Midwife
- ☐ Maternal Health Nurse
- ☐ Psychologist
- ☐ Mental Health Nurse
- ☐ Social Worker
- ☐ Occupational Therapist
- ☐ Aboriginal Health Worker
- ☐ Educational Professional
- ☐ Early Childhood Service Worker
- ☐ Self-referral

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 Geelong

8 Station Street
Norlane VIC 3214

Email
MedicareMHC.Geelong@neaminational.org.au

Fax
03 5294 4724

Alternatively **call 0484 356 537** to discuss the referral.