GP/Psychiatrist Referral Form



About Step Thru Care

Step Thru Care - Geelong Otway's offers free mental health and/or alcohol and drug (AOD) support. Step Thru Care provides support in one place, which means people experiencing mental health or substance use challenges, or a combination of both, don't need to retell their stories to multiple services.

The Step Thru Care team have diverse backgrounds and expertise, including specialising in mental health, AOD and LGBTIQA+ specific challenges. This helps to create a culturally safe, accessible and inclusive service.

The team is made up of mental health and AOD clinicians, child and family practitioners, multicultural practitioners, care recovery coordinators, and peer support workers who have lived experience of mental health and substance use challenges.

Step Thru Care offers a recovery focused approach by providing:

- tailored information
- education
- group therapies
- emotional support
- evidence-based therapies
- care coordination.

Eligibility Information

People who are eligible:

- Low income, e.g. healthcare/concession card holders
- Living rural or remote
- People who identify as LGBTQIA+, aboriginal and/or Torres Strait Islander peoples
- People from Culturally and Linguistic (CALD) backgrounds
- Children under the age of 12 years
- People experiencing perinatal depression
- People experiencing or at risk of domestic violence

- People with an intellectual disability and who are experiencing AOD and/or mental health issues
- Young people who do not access to other appropriate services.

Receiving STC service is not duplicative of other services.

Those who do not fit into the above criteria should be encouraged to seek appropriate services.

Please note: people aged 12–25 should be referred to Headspace in the first instance.

Please include any supporting documentation if available, e.g. K10, IAR, SDQ.







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Consumer Information

Title ————————————————————————————————————	First Name	First Name Date of Birth		Preferred Name Gender		
Last Name	Date					
Pronoun	Address					
Contact Number	Emai	il				
Country of Birth			Main Langua	ge Spoken		
English Proficiency			Interpreter R	equired	Yes	No
ATSI Status			Homelessnes	S		
Intersex			Sexual Orient	ration		
Labour Force Status			Employment	Participation		
Income Source			Marital Statu	S		
Health Care Card	Yes	No	NDIS Particip	pant	Yes	No
Consent to share inform	nation with Step Thru Care			Yes	No	
Emergency or Si	upport Person Cont	act				
First Name	ame Last Nam					
Phone Number	Relationsh					
irst Name Last Name			ne			
Dhona Numbor		Palations	hin to You			

Current Supports

Personal

Name		Contact Number			
Service support					
Name	Contact Number				
Email Address					
Child/Youth Referrals					
Guardian Name	Contact Number				
Does the child/youth reside with the guardian?			Yes	No	
If no, where does the child/youth reside?					
Carer Name		Carer Number			
Are there any legal orders? Eg FLC, IVO, DFFH	Yes	No			
Comments:					
Is the child/young person aware this referral is	Yes	No			
Referrer					
Referrer Profession	Referrer Name				
Referrer Phone	Referrer Fax				
Referrer Email	Referrer Organisation				
Organisation Name					
Suicide Risk Assessment					
Suicide Prevention Referral Ye	es No	Previous suicide attempt?	Yes	No	
Recent attempt? Yes No		When			

Mental Health & AOD Principal Diagnosis Additional Diagnosis Legal Proceedings? Yes No **Details** Do they have any legal involvement eg IVO, CCO, FLC orders? Where an IVO is in place, who is this pertaining to? Please advise of medications: Antipsychotics? Yes No Not stated Unknown Not stated Unknown Anxiolytics? Yes No Not stated Hypnotics? Yes No Unknown Antidepressants? Yes No Not stated Unknown Not stated Unknown Psychostimulants? Yes No **AOD** use Yes No Primary drug of concern Quantity Secondary drug of concern Quantity

Reason for Referral

Referrer EDI Number:

Please email referral to **stepthrucare@neaminational.org.au** or fax to **03 5229 5286 If you are sending via email, please ensure the document is password protected.**

Secure Messaging EDI: neamistc

Please note: Step Thru Care is not a crisis service. Please call the Barwon Health ACCESS Team on 1300 094 187 where acute risk is present.