

Referral Form

medicare

Mental Health Centre
Strathpine

Medicare Mental Health Centres provide free and confidential mental health support to adults aged 18 years and over. 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	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.

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 / /

Consumer signature (guardian/parent if child)

Or verbal consent (tick if applicable)

Date / /

Contact details

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



7/327 Gympie Rd,
Strathpine



Email
MedicareMHC.Strathpine@neaminational.org.au



Fax
02 9012 0927

Alternatively **call 07 3493 6780** to discuss the referral.