SEMPHN Mental Health Referral Form

Residential Aged Care Facilities Psychological Services

Date:		**Save & Upload to: https://semphn.foliogrc.com/contracts/new?contract_template=61&token=TZHtztyTkK4dykNHqvMD**

Referrer Details	
Full Name:	Profession/Job title:
Phone:	Fax:
Email address:	
Residential Aged Care Facility Name: Address:	
State:	Postcode:

Resident Details	
Full Name:	Level of patient mental health need: ◯ At risk ◯ Mild ◯ Moderate ◯ Severe
Date of birth:	NDIS Participant: ☐ Yes ☐ No
Gender: ☐ Female ☐ Male ☐ Other	Interpreter required: ☐ Yes ☐ No
Aboriginal and Torres Strait Island status: ◯ Neither Aboriginal or Torres Strait Islander origin ◯ Aboriginal but not Torres Strait Islander origin ◯ Torres Strait Islander but not Aboriginal origin	◯ Both Aboriginal and Torres Strait Islander origin ◯ Not stated / inadequately described

Reason for Referral
(Please detail the reason for referral)

Risk Assessment
(Consider suicidal ideation, suicide history, risk of self-harm, risk to others)

Assessment		
Diagnosis of mental illness	◯ No	◯ Yes (please provide detail)
Dementia diagnosis	◯ No	◯ Yes (please provide detail)
Cognitive capacity to engage	◯ Unknown	◯ Yes
Assessed for the likelihood of delirium	◯ No	◯ Yes (If yes, was delirium present? Please provide detail)

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Consent

I,_____ give consent for:

The South Eastern Melbourne PHN (SEMPHN) to seek, collect and share information about my health and wellbeing and for this information to be disclosed to the health provider(s) to whom I will be referred:

◯ Yes ◯ No

Resident Signature	
Date	

I,_____ have discussed the proposed referral(s) with the resident, and I am satisfied that the resident understands the proposed uses and disclosures, and the resident has provided their informed consent for these proposed uses and disclosures.

Referrer Signature	
Date	

Please save and upload this referral form to SEMPHN Access & Referral via

https://semphn.foliogrc.com/contracts/new?contract_template=61&token=TZHtztyTkK4dykNHqvMD

Alternatively, please fax this referral form to SEMHN Access & Referral on 1300 354 053

For enquiries call SEMPHN Access & Referral on 1800 862 363

or visit https://www.semphn.org.au/access-and-referral

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