

Primary Mental Health Stepped Care – PHN Funded Services Referral Form

GPs who have completed Mental Health Skills Training: 2715 (at least 20 mins) 2717 (at least 40 mins)
GPs who have not completed Mental Health Skills Training: 2700 (at least 20 mins) 2701 (at least 40 mins)

Referral for intake into DDWMPHN Stepped Care Services requires patient consent for Data Collection

SECTION ONE (1)

Referring Doctor Details		Referring Doctor Signature:	
Provider:	Practice Name:		
Phone:	Address:		
Date of Referral:	Fax:		
Patient Details			
Name:	Date of Birth:		
Address:	Age:		
Gender:	My Health Record number:		
Home Phone:	Mobile Phone:		
Preferred PHN Funded Provider Name:			
Minimum Data Set Information			
Is the person of Aboriginal or Torres Strait Islander origin?		Country of Birth:	
Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No		Main Language Spoken at Home:	
Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No		English Skill (if not main language)	
		<input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all	
Outcome measure used: <input type="checkbox"/> K10+ <input type="checkbox"/> SDQ <input type="checkbox"/> K5 Score:			
Receiving Psychotropic Medication (select all that apply):			
<input type="checkbox"/> Antipsychotics <input type="checkbox"/> Anxiolytics <input type="checkbox"/> Hypnotics and Sedatives <input type="checkbox"/> Anti-depressants <input type="checkbox"/> Psychostimulants and nootropics			
Suicide Referral Flag			
IMPORTANT: If the risk is immediate contact the local Acute Care Team, through your Hospital and Health Service.			
Where a recent history of suicide attempt or suicide risk been has noted as a factor in this referral please indicate:			
<input type="checkbox"/> Previous attempt with no active ideation	<input type="checkbox"/> Thoughts or history of self-harm	<input type="checkbox"/> Consider as a referral with high priority (response/contact within 24-48 business hours of referral being received)	

SECTION TWO (2)

Type of Service Requested			
<input type="checkbox"/> Low Intensity Mental Health Services	<input type="checkbox"/> Health Service Navigator (HSN)	Targeted Psychological Therapies (TPT) <input type="checkbox"/> MHTP required for referral (attached) <input type="checkbox"/> Urgent/Priority <input type="checkbox"/> DBT Group (Toowoomba only – Lifeline DDSWQ)	Mental Health Nurse Care <input type="checkbox"/> MHTP required for referral (attached)
Considerations People who may be experiencing mild mental health issues, or be at risk of developing symptoms due to previous illness and other	Considerations People from all aspects of stepped care and mental health concerns. HSNs are available to: <input type="checkbox"/> connect people to most	Eligibility Criteria People not clinically suited to lower intensity interventions, underserved through other arrangements. Mild to Moderate Severity mental illness.	Eligibility Criteria People diagnosed with severe and complex mental illness who are currently being managed in the primary care setting via a General Practitioner (GP) and/or a

factors	appropriate PHN services and supports; <input type="checkbox"/> provide additional local information and links to other funded options including community services; <input type="checkbox"/> coordinate services and referrals to assist in navigating stepped care;	Target Populations include: <input type="checkbox"/> people living in rural and remote communities; <input type="checkbox"/> children under the age of 12 years; <input type="checkbox"/> people experiencing or at risk of, homelessness; <input type="checkbox"/> women experiencing perinatal depression; <input type="checkbox"/> people with intellectual disability (dual diagnosis); <input type="checkbox"/> people from culturally and linguistically diverse (CALD) backgrounds; <input type="checkbox"/> refugees <input type="checkbox"/> Aboriginal and Torres Strait Islander people	Psychiatrist
Presenting Problems / Diagnosis (including provisional)			
Presenting Issues & Primary Diagnosis/provisional <i>Provide a brief description of the person and reason(s) for referral (e.g., psychological / emotional / behavioural / physical problems / learning difficulties, developmental issues, social or peer issues, family difficulties / attachment, or other such as risks) Any relevant family history if known.</i>			
Has a GP Mental Health Treatment Plan been completed? NOTE: Stepped Care Services provided by DDWMPHN have specific eligibility criteria. For more information please see the PHN - Mental Health Services website .		<input type="checkbox"/> Yes – attached with this referral <input type="checkbox"/> No – Provisional Access requested (TPT/MHN only) <input type="checkbox"/> Not applicable – Low Intensity Services / HSN indicated	

Referrals can be emailed or faxed directly to the selected Provider.
Detailed Provider contact information can be found through
[PHN - Mental Health Services website](#)

For more information contact the Senior Program Officer, Mental Health Programs on 07 4615 0900.

Acceptance of PHN Service and Consent to Use Personal Information

I, _____ understand that this referral is for a Darling Downs and West Moreton Primary Health Network (DDWMPHN) funded service for myself/

_____.
(write name if completing as a guardian or parent)

- To receive this service, I consent to specific information being collected and utilised for referral purposes and health service navigation and access. This information is required for the Department of Health to enable ongoing performance evaluation of the service.
- Information collected will include information from Section 1 of this form, type of service covered by the referral and quantitative measures of service outcomes.
- Collated data will be de-identified by the DDWMPHN commissioned agency prior to analysis and reporting.

Patient Signature: _____ Date: _____

Parent/ Legal Guardian Signature: _____ Date: _____

DDWMPHN is committed to providing you with the highest levels of confidentiality and customer service and this includes protecting your privacy.

DDWMPHN and subcontracted agencies and providers are bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000, which set out a number of principles concerning the protection of your personal information.