

This Mental Health Program is supported by funding from the Australian Government under the PHN Program.

Referral Form Mental Health 12 - 25 Years

If you consider this referral a high priority please call our office after faxing the referral

Eligibility

This person is between 12 – 25 years old Yes ☐ No ☐

This person has a current Mental Health Treatment Plan Yes ☐ No ☐

This person has attended less than 12 ATAPS or 10 Better Access sessions in the current calendar year Yes ☐ No ☐

Referral Date:

Persons Details

First Name		Surname	
DOB		Gender	
Address		Postcode	
Phone (work)	Phone (home)	Mobile	
Indigenous Status		Interpreter Required	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicare Card #	Ref #	Expiry	Health Care Card #
		Expiry	
Applicable Private Health Insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Contacts (Complete relevant field/s)

Can we contact these people if we are unable to contact the referred person to schedule an appointment Yes ☐ No ☐

Next of Kin/ Emergency Contact:

Name	Phone
Address	Postcode
Relationship to person:	

Carer Details: (if applicable)

Name	Phone
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Referrer Details (if applicable)

Name	
Organisation	
Address	Postcode
Fax	Provider Number

Referral Information

Reason for Referral
Diagnosis
Allergies

Current Medications (Please attach medications summary)

Relevant medical history/conditions (Please attach health summary)

Reason for Referral

☐ Counselling Services

☐ Drug and Alcohol
Intervention

☐ Social Recovery Groups

☐ Health Review/GP Services

K10 or EPNDS Score:

Known Risks

Are there any known risks to self/others/staff?: Yes ☐ No ☐

If yes please provide further information

Consent to referral:

I have discussed this referral with the person and/or their guardian and am satisfied that the person and/or their guardian understands :
able to provide informed consent to this referral

Referrer's signature: _____

Please attach GP Mental Health Treatment Plan (MHTP), Medication Summary and Health Summary

Northern Australia Primary Health Limited

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