

ID No:

## GP Referral Form (Individual)

GP Mental Health Care Plan Completed

MBS Item No. 2710 claimed

Patient name: \_\_\_\_\_

Patient address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Patient's daytime contact telephone numbers: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: M / F Date of referral: \_\_\_\_\_ Re-referral Y / N

Does the patient speak a language other than English at home?

- No, English only spoken  Yes, please specify \_\_\_\_\_

How well does the patient speak English?

- Very well  Well  Not well  Not at all  Unknown

Is the person Aboriginal or Torres Strait Islander origin?

- No  Yes, Aboriginal  Yes, TSI  Unknown

Does the patient:

- Live alone  With partner  With family  With friend or carer

What form of transport does the patient use?

- Private vehicle  Bus  Train  Friend/relative vehicle  Other

Is the patient a low-income earner?

- Yes  No  Unknown

What is the highest level of education the patient has completed?

- Primary  Secondary; Yr \_\_\_\_  Secondary; Yr 11  Secondary; Yr 12  Tertiary

ICD-10 Primary care diagnostic categories:

- F1 – Alcohol & Drug Use  F4 – Anxiety  Other  
 F2 – Psychotic disorders  F5 – Unexplained somatic complaints  Unknown  
 F3 – Depression

For which focussed psychological strategy is the person being referred?

- Intervention as determined by Mental Health Professional  
 Diagnostic assessment  
 Cognitive behavioural therapy  
 Interpersonal therapy  
 Psycho-education  
 Other (please specify) \_\_\_\_\_
- Behavioural interventions  
 Cognitive interventions  
 Relaxation strategies  
 Skills training  
 Other CBT interventions (please specify) \_\_\_\_\_

Is the patient receiving psychotropic medication? Y / N If yes, please specify below:

- Mood stabilisers  Antidepressants  Anti psychotics  Minor tranquillisers

Is the patient receiving other medication? Y / N If yes, please specify:

Has the patient received past mental health care? Y / N please specify:



## Referral Form (cont...)

1. Presenting issues
2. Relevant medical and family history
3. Recent stressors
4. Other relevant information
5. Suicide risk factors
6. Other mental health professionals involved

**7. RISK CONCERNS: Are you aware of any potential situations or issues (e.g. anger, aggression, violence) with this patient that may put Psychologists / Staff / Public at risk of harm?**

**NO**       **YES**      Thank you this will allow us to plan appropriate precautions. You may wish to call the Infocus Team to discuss further.

Patient co-payment per session:      \$10 (concession)      OR      \$30 (waged)

*Patients who are experiencing financial difficulties can discuss payment options with the Psychologist*

**FAX (9458 0555) THIS REFERRAL TO CANNING DIVISION OF GENERAL PRACTICE**

Infocus Counselling will contact your patient to arrange their first appointment.

GP Stamp

GP Postcode:

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