

Connect to Wellbeing Referral Form



Servicing people in the North Queensland Primary Health Network catchment area, **Connect to Wellbeing** provides an intake, triage and assessment service that facilitates access to the service/s that best support the mental health needs of the individual.

Date of referral _____ Services required for child (0-12) youth (12-25) adult (18+)

If the person has acute mental health needs, please refer to public mental health services Acute Care Team or Child Youth Mental Health Service via 1300 MH CALL (1300 64 2255)

Please select the option considered most appropriate for the person:

Low Intensity Strategies

This includes psychological interventions delivered via telephone and web-based services.

Psychological Therapies (formerly known as ATAPS)

For **low income / financially disadvantaged** people with a non-acute moderate mental health condition who would benefit from short-term goal focused psychological strategies

Sessions required (select one of the below):

Sessions 1-6 (initial sessions), **or**

Sessions 7-12 (following review post the initial 6 sessions, further sessions are recommended), **or**

Sessions 13-18 (following review after sessions 7-12, exceptional circumstances apply).

Eligibility requires that (please tick):

A Mental Health Treatment Plan (MHTP) or Child Treatment Plan (CTP) is attached, **or** Appendix A is completed.

The person has a **low income or is experiencing financial hardship despite income level** (including Health Care Card, Disability Support Pension, no source of income, low income earners).

Exclusion criteria may apply, please contact Connect to Wellbeing if more information is required.

Suicide Prevention Services - Low to Moderate Suicide Risk

NOT intended to support people who are at acute and immediate risk.

Where any of the following requirements are indicated, the person will be contacted **within 24hrs** (business days) of the date of referral and offered an appointment **within 72hrs**.

Please select at least one of the options below:

After a suicide attempt or self-harm incident, the person has either been discharged from hospital into the care of a GP, or has been released into the care of a GP from an accident and emergency department.

The person has presented to a GP after an incident of self-harm.

The person has expressed strong recent suicidal ideation to their GP.

The person is considered at increased risk in the aftermath of a suicide.

NB: Please ensure the person has a GP appointment for review within 2 weeks.

Telehealth Specialist Services - Specialist video consultations under Medicare

The provision of a consultation via video conferencing by a consultant psychiatrist

NB. The person must have access to a computer or tablet, with a webcam and speakers or headphones.

Preferred location for the consultation (select one of the below):

GP practice (the GP or another health professional may be at the patient-end of the consultation to provide clinical services where clinically appropriate).

Client/patient home.

Other (please describe): _____

Additional requirements (tick if appropriate):

The patient/client is experiencing financial difficulty (fees are waived where this is indicated).

The patient/client understands they will be asked for credit card details and that a fee will be charged if an appointment that has been arranged is cancelled.

Referrer Details

Referrer name _____ Provider number _____
Address _____
Role/relationship _____ Email _____
Phone _____ Fax _____

Consumer Details

Full name _____
Preferred name _____ Date of Birth _____
Gender Male Female Other: _____
Street address _____ No fixed address
Suburb _____ Postcode _____
Phone _____ Mobile _____
Email _____
Preferred contact Phone Email SMS
Okay to leave voicemail? Okay to leave email?
Medicare card? Yes No Health Care card? Yes No
Pension? Yes No Dept Veterans Affairs (DVA) Card? Yes No
Proficiency in spoken English Very Well Well Not Well Not at all NA
Interpreter required Yes No If yes, language: _____

Emergency Contact

Contact in the event of an emergency or if the referred person is unavailable. If the consumer is a child, provide the details of the responsible parent or guardian.

Primary contact _____ Relationship/role _____
Agency _____ Phone _____
Email _____

Consent to share information

The Privacy Act requires the applicant to sign this form giving their consent for the release of their information and details.

I give consent for Connect to Wellbeing to seek and share information concerning matters related to this application, with relevant **Local Health District services**, the **emergency contact** outlined in this form, and **other service providers** relevant to this referral.

Consumer signature (or Guardian/Parent if a child) _____ Date _____

The referrer agrees that all information submitted in this referral is an accurate reflection of the applicant's support needs, is correct with no information withheld and is necessary for Connect to Wellbeing to fulfill its duty of care to consumers, staff and other partner agencies.

Referrer signature _____ Date _____

What happens now

Send this referral with a **Mental Health Treatment Plan and K10/K5/SDQ** (as applicable) to Connect to Wellbeing.
Fax 1300 027 880 or fax direct to **Cairns** 07 4214 5225, **Townsville** 07 4409 2304, **Mackay** 07 4829 4424

A Connect to Wellbeing intake staff member will contact the person referred to validate the referral, and to schedule an appointment with a clinician to undertake an assessment.



Contact
Phone 1300 020 390
www.connecttowellbeing.org.au

APPENDIX A - Referral Information (where MHTP / CTP does not provide this information)



It is not necessary to complete Appendix A if a Mental Health Treatment Plan (MHTP) or Child Treatment Plan (CTP) accompanies this referral form and contains the information below.

Reason for referral (perspective of consumer and referrer)

Perinatal

Yes

No

Outcome measures (score)

SDQ

K10

K5

Mental health diagnosis (if known) / symptoms (or at risk of developing mental illness if child under 12)

Medication

Substance use

Other relevant history / factors (e.g. climatic events, disabilities, medical conditions, allergies)

Risk (describe if risk to self, if risk to others)

Health professionals involved in consumer's care (e.g. GP, allied health professional, psychiatrist)

Please attach any other relevant information or assessments if applicable/appropriate.