

PHN Mental Health Intake Stepped Care services (version 2.0 - March 2021)

For support completing this referral form:

- **Visit** your local HealthPathways site: [Central Queensland](#) | [Wide Bay](#) | [Sunshine Coast](#)
- **Call** PHN Mental Health Intake on: 1300 747 724
- **Email** PHN Mental Health Intake on: mentalhealthintake@ourphn.org.au

For diagnostic and management advice:

- **Call** the GP Psychiatry Support Line on 1800 161 718

ONLY send referrals via Medical Objects

MENTAL HEALTH CQ PHN
(PC4558000B1)

OR

via fax to 1300 787 494

IMPORTANT REFERRAL INFORMATION

- Fields with * denote a mandatory field. I understand that referral will NOT be accepted if such field is left blank.
- I understand that Stepped Care Intake is NOT a crisis service. Our operating hours are Monday to Friday 8.30am-4.30pm, excluding public holidays. Patients in crisis should be referred to the local Acute Care Team by calling 1300 MH CALL (1300 642 255), or if an emergency, dial 000.
- For referrals for psychological therapies - I understand that this program is targeted at patients meeting 'underserviced' groups eligibility criteria (refer to HealthPathways 'Stepped Care' page), and that the PHN may suggest this referral is better suited to Better Access.

Referrer Details

| | | | |
|-------------------------------|--|--------------------------|--|
| Referrer name* | | Date of referral* | |
| Referrer position/profession* | | Referrer provider number | |
| Name of referring practice | | Referrer phone* | |
| Referrer email | | Referrer fax | |
| Referrer address* | | | |

Client Consent & Basic Client Demographics

Has consent been given for referral?* Client consent Guardian consent No (do not proceed)

If under 18, but mature minor, can referral be discussed with guardian?* Yes No N/A (>18)

Is it OK for the PHN to contact the client/guardian, if required? Call SMS Do not contact

| | | | | |
|--------------------------------------|---|--------------------|-------------------------------------|--|
| Client Name* | | | | |
| DOB* | | Gender* | | |
| Indigenous identity (tick relevant)* | Torres Strait Islander <input type="checkbox"/> | | Aboriginal <input type="checkbox"/> | |
| Country of birth* | | Preferred Language | Interpreter required | |
| Medication | | | | |
| Co-morbidities/medical history | | | | |
| Substance use | | | | |

Other Client Demographics (used to determine eligibility for psychological therapies)

NB – these fields are required to determine eligibility for psychological therapies

| | | | |
|---|---|--|---|
| GP MH Treatment Plan* | <input type="checkbox"/> Completed | <input type="checkbox"/> Not completed | <input type="checkbox"/> Unknown |
| Employment | <input type="checkbox"/> Unemployed | <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Employed full-time |
| Source of income* | <input type="checkbox"/> Paid employment | <input type="checkbox"/> Disability Support Pension | <input type="checkbox"/> Other |
| | <input type="checkbox"/> Nil income | <input type="checkbox"/> Other Pension (eg Newstart) | <input type="checkbox"/> Unknown |
| Homelessness* | <input type="checkbox"/> Sleeping rough | <input type="checkbox"/> Emergency accommodation | <input type="checkbox"/> Not homeless |
| NDIS and support coordination* | <input type="checkbox"/> NDIS with support coordination | <input type="checkbox"/> NDIS without support coordination | <input type="checkbox"/> No NDIS package |
| Financial disadvantage* (e.g. can they afford a gap payment at this time) | <input type="checkbox"/> No | <input type="checkbox"/> Yes | If applicable, provide concession card no. |
| Rural / remote (MMM4-7)* (See search tool to check) | <input type="checkbox"/> Rural or remote | <input type="checkbox"/> Not rural or remote | <input type="checkbox"/> Unknown |
| Culturally and Linguistically Diverse (CALD)* | <input type="checkbox"/> Yes CALD | <input type="checkbox"/> Not CALD | <input type="checkbox"/> Unknown |
| LGBTIQ+* | <input type="checkbox"/> Yes LGBTIQ+ | <input type="checkbox"/> Not LGBTIQ+ | <input type="checkbox"/> Unknown |
| Perinatal depression* | <input type="checkbox"/> Yes | <input type="checkbox"/> No or N/A | <input type="checkbox"/> Unknown |
| Domestic/family violence | <input type="checkbox"/> Affected by DFV | <input type="checkbox"/> Perpetrator DFV | <input type="checkbox"/> No known DFV |
| Private health insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| Has used Better Access in last 12 months | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

Client Contact Details

| | | | |
|-----------------------------|---------|----------|------|
| Address | | | |
| | | Suburb* | |
| | | Postcode | |
| Client contact | Mobile* | | Home |
| | Email | | |
| Parent/ Guardian contact | Mobile* | | |
| | Email | | |

Referral Information

What support do you believe this person requires?*

- Low intensity mental health support (e.g. 6 telephone coaching sessions)
- Psychological therapy (e.g. 6 face-to-face psychology appointments)
- Care coordination for severe and complex mental health conditions
- Aboriginal or Torres Strait Islander peoples-specific mental health support

Reason for referral*

Risk Information

The below section is based on the [Initial Assessment and Referral national guidance](#).

It is a **provisional assessment only** and aims to inform the most appropriate response and/or referral. For more information on suicide risk assessment, refer to HealthPathways Suicide Prevention page.

Suicidality*

- 0 = No risk
- 1 = Low risk (e.g., no current suicidal ideation; some past ideation)
- 2 = Moderate risk (e.g., current suicidal ideation, without plan or intent)
- 3 = High risk (e.g., current ideation with intent; history of attempts; some protective factors)
- 4 = Extreme risk (e.g., current suicidal intention with plan and means to carry out)

Self-harm (non-suicidal self-injurious behaviour)*

- 0 = No risk
- 1 = Low risk (e.g., risk of harm to self, or occasional self-harm recently)
- 2 = Moderate risk (e.g., frequent self-harm recently, non life-threatening harm to self)
- 3 = High risk (e.g., frequent self-harm recently, recent life-threatening harm to self)
- 4 = Extreme risk (e.g., repeated life-threatening self-harm, or imminent risk to self)

Risk of harm to others*

- 0 = No risk
- 1 = Low risk (e.g., past behaviours that posed a risk to others)
- 2 = Moderate risk (e.g., recent behaviours that pose non-life-threatening risk to others)
- 3 = High risk (e.g., recent life-threatening risk to others)
- 4 = Extreme risk (e.g., recent behaviour that poses an imminent danger to others)

If moderate risk or greater in any category, please add comments***Has a safety plan been completed with the client?**

- Yes – if yes, attach if possible No

Has the client ever been hospitalised due to their mental health?

- Yes – if yes, date of most recent admission: No

Assessments

Please indicate the score of any assessments undertaken

| | |
|--|--|
| | Kessler Psychological Distress Scale (K10+) |
| | Kessler 5 Psychological Distress Scale (K5 - for Aboriginal and Torres Strait Islander people) |
| | Suicidal Ideation Attributes Scale (SIDAS) |
| | Depression, Anxiety and Stress Scale (DASS-21) |
| | Other – please specify |

GP Mental Health Treatment Plan

Please attach patient's Mental Health Treatment Plan.

Please note that this is **required for referral for Psychological Therapies (all patients) and Clinical Care Coordination (required for adult patients only; recommended for child and youth patients).**