Government of **Western Australia**
North Metropolitan Health Service
Mental Health, Public Health and Dental Services

NORTH METRO AREA ADULT COMMUNITY MENTAL HEALTH SERVICE

CLIENT REFERRAL INFORMATION

LOWER WEST CATCHMENT*
303 Rokeby Road
Subiaco WA 6008
Tel: 9489 7200
subiacocmhsatt@health.wa.gov.au

WANNEROO CATCHMENT
2 Cafaggio Crescent
WANNEROO WA 6065
Tel: 9406 7100
ReferralsWannerooCatchment@health.wa.gov.au

STIRLING CATCHMENT
Unit 1/20 Chesterfield Rd
MIRRABOOKA WA 6061
Tel: 9344 5400,
ReferralsStirlingCatchment@health.wa.gov.au

We are a specialist mental health service, offering treatment for adults with severe and enduring mental illness. We are unable to facilitate assessments for ADD / ADHD, Autism, reports for court, workers compensation or DSP / NDIS. This requires a referral to a private psychiatrist. If this is a referral for someone aged 16 to 24 consider directing your referral to Youth Community Assessment and Treatment Team 6382 3700. If this is a referral for someone aged over 65 please consider directing your referral to Older Adult Mental Health Services.

1. Consumer Details:		**2. Doctor / Referring Agency Details / Stamp:**
Name:		Name: Practice: Address: Tel: Fax: E-mail:
DOB:	Gender:	
Address:		
Tel:		
Ethnicity: Aboriginal: ☐ Torres Strait Islander: ☐	Language / interpreter needed:	
Next of Kin / Contact Person:		
Phone:		Date of referral:

3. Prior to referring the consumer please review these questions:

If indicated has the person had trial of psychiatric medication? ☐ Yes ☐ No

If indicated has a Mental Health Treatment Plan been initiated? ☐ Yes ☐ No
Please note individual psychology sessions are not offered by our service under a MHTP.

Have medical causes for the presentation been investigated and excluded? ☐ Yes ☐ No
Please indicate below:

Have any of the following primary services been considered / utilised?

☐ North Metro Community Alcohol and Drug Service Joondalup: 9301 3200, Warwick 9246 6767
☐ Youth Community Assessment and Treatment Team – 16 to 24-year-olds 6382 3700
☐ Headspace Early Psychosis Team – Joondalup 9301 8900, Osborne Park 9208 9555
☐ ALIVE – 360 Suicide Prevention Program – 1300 706 922
☐ Aboriginal Services – Wungening 9221 1411
☐ GP Psychiatry Support Line - TEL: 1800 16 17 18, www.gpsupport.org.au
☐ Headspace – Services for 12-25 years old – 6595 8888
☐ Mental Health Connext – Community Support – 1800 742 466
☐ Standby (suicide bereavement): 1300 727 247
☐ Psychosocial Support e.g RUAH / NEAMI / other

The above and other resources can be found at https://wa.healthpathways.org.au/15718.htm.

4. Following your assessment of the Consumer please detail the reason for the referral. Provide as much relevant information to expedite the referral process; including Mental State Examination, past psychiatric history, trauma history and concerns from family / support network.

5. Please indicate any current or previous risk to self or others (Self-harm, suicidal ideation, plan / intent, thoughts of harming others, please detail how / when / who, detail any history):-

6. Please list all current medications taken by the client and duration. Please list any psychiatric medications previously prescribed which have been reported as ineffective.

Medication, Commenced, Dosage, Frequency	Previous medication reason for ceasing

- Please attach medication summary.

7. Please provide contact details of the client's main support and any other agencies involved in care of the client or their dependents:-

8. Other relevant information:-

Relevant Previous Medical History including recent investigation:

Drug and Alcohol History (include type, quantity, frequency, administration and when last used):

History of violence and criminal charges, type and criminal charges (when and what).
Any pending court cases?:

Any significant medical conditions?

9. Preferred response to the referral:

☐ Phone consultation for advice on management / medication.

☐ Comprehensive Mental Health Assessment and Opinion.

If this referral requires a more URGENT response please submit a completed form and contact our triage officers on the above numbers to discuss or utilise the local Emergency Department. If after hours MHERL can be contacted on 1300 555 788.

Incomplete forms may potentially cause delays in processing this referral.

Thank you for you referral. The referrer and client will be notified of the outcome and proposed action plan.