

Psychological Therapies Program GP Referral



Confirmation of eligibility criteria

(must confirm all)

- Resides in BSPHN region
- Evidence of financial disadvantage
- Benefit from short-term intervention
- Clinical MH diagnosis
- Has or working toward MHTP

Referral Type (at least one referral type)

- Perinatal depression/anxiety
- Child (< 12)
- LGBTIQAP+
- Homelessness (or at-risk of)
- Aboriginal and Torres Strait Islander
- Domestic and family violence
- Rural and remote
- Suicide prevention/self-harm***

**Suicide prevention/self-harm referrals are not required to meet all of the eligibility criteria.*

Referral Information:

Date of referral: _____

Name of referrer: _____

Profession: _____

Practice name: _____

Phone: _____

Fax: _____

Client consent:

Consent obtained to share identified client information with service providers involved in their care

Yes

Consent obtained to share de-identified data to the Department of Health for statistical purposes

Yes No

GP to provide the patient with a copy of the WMQ Psychological Therapies brochure.

This service has been made possible through funding provided by the Australian Government under the PHN Program

Client Information

Client full name: _____ DOB: _____

Gender: Male Female Other: _____

Street Address: _____

Suburb: _____ Postcode: _____

Home Phone: _____ Mobile: _____

Email: _____

Marital Status:

Never married Widowed Divorced Separated Married (registered and de facto) Not stated

Indigenous Status:

Aboriginal only Torres Strait Islander only Aboriginal and Torres Strait Islander Neither

Country of Birth: Australia Other: _____

Main Language Spoken at Home: English Other: _____

Proficiency in English:

Not at all Not well Well Very well N/A (< 5 years or / Eng. Speaker)

Interpreter Required: Yes No

Labour Force

Employed Unemployed Not in the labour Force Not Stated

Employment Participation

Full-time Part-time Not applicable Not stated

Source of Income

N/A (< 16 years) Disability Support Pension Other pension or benefit
 Paid Employment Compensation payments Other (e.g. superannuation) Nil income Not known Not stated

Health Care Card

Yes No Not Known Not Stated

Housing situation

Sleeping rough / non-conventional Short-term or emergency
 Not homeless Not stated

NDIS Participant: Yes No Not stated Accessing other disability funding

Contributing factors (all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Chronic disease: _____ | <input type="checkbox"/> Legal / corrections issues |
| <input type="checkbox"/> Serious accident / injury | <input type="checkbox"/> Alcohol or drug related problems |
| <input type="checkbox"/> Grief / loss | <input type="checkbox"/> Gambling problem / other addiction |
| <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Discrimination |
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Trauma |
| <input type="checkbox"/> Divorce or separation | <input type="checkbox"/> Bullying and/or harassment |
| <input type="checkbox"/> Sexual assault/abuse | <input type="checkbox"/> Child safety interactions |
| <input type="checkbox"/> Unable to secure employment | <input type="checkbox"/> Other, specify: _____ |

At the completion of this referral please fax to (07) 3277-8128
 If you have any questions please contact a member of the Psychological
 Therapies team on (07) 3717-7006



Clinical information:

Formal diagnosis of mental health condition:
 Yes No

Is the client suicidal?
 Yes No

Duration of mental health intervention required:
 Short term Long term Crisis

How long ago has the client seen a psychologist?
 Never < 3 MTHs 3 - 6 MTHs 6 - 12 MTHs 12 MTHs+

If client has seen a psychologist, under what funding arrangement?
 Better Access (MBS) PT / ATAPS (previously administered by PHN).

GP Mental Health Treatment Plan Developed
 Yes

Note: GPs are not required to attach the completed Mental Health Treatment Plan.

Reason for referral / presenting concerns: _____

Outcome tool used (☑ one option)

K10, score: _____

K5, score: _____

SDQ (Parent 4-10 years) score: _____

SDQ (Parent 11-17 years) score: _____

SDQ (Self 11-17 years) score: _____

Medication (☑ all that apply)

Antipsychotics: Yes No Unknown

Anxiolytics: Yes No Unknown

Hypnotics & Sedatives: Yes No Unknown

Antidepressants: Yes No Unknown

Psychostimulants / nootropics: Yes No

Principal Diagnosis: (☑ one option)

Anxiety Disorders:

Panic disorder
 Agoraphobia
 Social phobia
 Generalised anxiety disorder
 Obsessive-compulsive disorder
 Post-traumatic stress disorder
 Acute stress disorder
 Other anxiety disorder

Psychotic Disorders:

Schizophrenia
 Schizoaffective disorder
 Brief psychotic disorder
 Other psychotic disorder

Substance Use Disorders:

Alcohol harmful use
 Alcohol dependence
 Other drug harmful use
 Other drug dependence
 Other substance use disorder

Mood Disorders:

Major depressive disorder
 Dysthymia
 Depressive disorder NOS
 Bipolar disorder
 Cyclothymic disorder
 Other affective disorder

Subsyndromal Symptoms:

Anxiety symptoms
 Depressive symptoms
 Mixed anxiety and depressive symptoms
 Stress related
 Other

Childhood & Adolescence:

Separation anxiety disorder
 Attention deficit hyperactivity disorder (ADHD)
 Conduct disorder
 Oppositional defiant disorder
 Pervasive developmental disorder
 Other disorder of childhood and adolescence

Other Mental Disorders:

Adjustment disorder
 Eating disorder
 Somatoform disorder
 Personality disorder

Additional Diagnosis: (☑ all that apply)

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 Social phobia
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 Other psychotic disorder

Substance Use Disorders:

Alcohol harmful use
 Alcohol dependence
 Other drug harmful use
 Other drug dependence
 Other substance use disorder

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