



COMMUNITY PROGRAM PSYCHIATRIST REFERRAL & ADMISSION

Attach patient identification label

UR Number:
 Surname:
 Name:
 Date of Birth: Gender:
 Dr:

Patient Details

Workcover TAC DVA Other Compensation Request for funding, letter submitted Funding approval received

Private Health Fund: Membership Number:

Inpatient Discharge date (if applicable): Re-referral

Patient's Address

Phone - Home Mobile

PROGRAM OPTIONS - Please (✓) programs, and where relevant specialist streams required for this patient

OUTREACH - home & community based treatment

- Referred by Psychiatrist accredited to
- General Psychiatry
 - Eating Disorders
 - TMC
 - TVC
 - NP
 - Mother & Baby
 - Anxiety & Depression CBT
 - Aged Psychiatry

DAY PROGRAM

- Life Strategies Program (LSP)
- Mindfulness Based Cognitive Therapy Program (MBCT)
 - Day
 - Evening
- Acceptance & Commitment Therapy Program (ACT)
 - Foundation
 - Follow-up
- Bi-Polar Management Program
- Anxiety Management Program
- Managing Depression Program
- Discovering Self-Worth - Narrative Therapy
- Addictive Behaviour Program
 - Day
 - Evening
- Trauma Treatment Program (STAR)
- Schema
- Healthy Body, Healthy Mind (HBHM)
- Eating Disorders
- Creative Art Therapy (CAT)
- Dialectical Behaviour Therapy Program
 - Foundation
 - Graduates
- Adult ADHD
- Life with Chronic Pain
- Seeds of Wellness - Narrative Therapy
- To be determined by Assessment

PRIORITIES FOR TREATMENT

DIAGNOSES

1
2
3

PAST PSYCHIATRIC HISTORY AND MANAGEMENT, relevant family & social history, attach relevant information (eg Inpatient assessment, reports correspondence) where available

REFERRING GP

Phone

PSYCHIATRIC CARE IN COMMUNITY: Managed By (must see Accredited TMC Psychiatrist at least 3 monthly)

Phone Mobile Fax

Referred by (if different from above)

Phone

Please Complete Page 2 and Sign



BINDING MARGIN - DO NOT WRITE IN THIS AREA



Print Media Group HSHMRFMR00D8 11/15

PSYCHIATRIC REFERRAL & ADMISSION - COMMUNITY PROGRAMS MR 0D8

Medical conditions & allergies

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UR Number:
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Dr:

Patient Details

Current Medications

Medication	Dose	Medication	Dose

Compliance Good Intermittent Poor

Side Effects & Sensitivities

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Precautions Overdosing Hoarding Self Medicating

Other

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CURRENT CLINICAL RISK TO PATIENT SAFETY:

Risk Rating: L = Low M = Moderate H = High risk - Rating H not suitable for Outreach or Day Program

RISK	RATING			DETAILS
	L	M	H	
Suicidality				
Other Self Harm				
General Vulnerability				
Aggression / Harm to Others				
Cognitive Impairment				
Substance Abuse				
Judgement				
Serious Medical Condition				
Level of Co-operation				
Other eg Gambling				

Crisis / emergency plan (Provide details of plan made with person):

Strategies person is to try

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Who to contact: (Carer / next of kin)

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Living situation (Who person lives with; issues if any)

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Potential risk for outreach clinicians (Rate the risk & provide details of risk)

RISK	RATING			DETAILS
	L	M	H	
History of aggression or threatening behaviour by patient or other resident				
Weapons				
Infectious diseases				
Forensic History				

Psychiatrist's Signature

Printed Name & Designation

Date

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