

Connect to Wellbeing Referral Form



Fax form to 1300 027 880

Date of referral _____

Connect to Wellbeing provides streamlined access to mental health services for people in the North Queensland Primary Health Network Catchment area. Use this form to refer someone to Connect to Wellbeing for intake and assessment to determine the relevant and available support services.

Services required for Child/Youth (0-17) Adult (18+)

Please select the appropriate Connect to Wellbeing service:

Low Intensity Strategies

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

Psychological Therapies (formerly known as ATAPS)

Where the following requirements are met the person will be contacted within 3 days and an initial appointment will be offered within two weeks (referrals will only be accepted if all of the below options are selected):

Has a Mental Health Treatment Plan (MHTP) or a Child Treatment Plan (CTP)

We can accept a provisional referral until these can be arranged.

Low income / financially disadvantaged

Including Health Care Card, Disability Support Pension, no source of income, low income earners

Has a non-acute moderate mental health condition that would benefit from short-term, goal focused psychological strategies

The person has attended less than 12 Psychology Therapy Sessions (ATAPS) or 10 Better Access sessions in the current calendar year

Other exclusion criteria may apply and referrers will be advised if applicable.



This form cannot be used to if the person is eligible for Better Access.

Referral sessions request :

Initial 6 sessions

Sessions 7-12

Sessions 13-18
(available in exceptional circumstances)

Suicide Prevention Services - Low to Moderate Suicide Risk



This service is NOT designed to support people who are at acute and immediate risk of suicide or self-harm.

Where **any** of the following requirements are met 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, have been discharged into the care of a GP from hospital or released into the care of a GP from an accident and emergency department

Have presented to a GP after an incident of self-harm

Have expressed strong suicidal ideation to their GP

Are considered at increased risk in the aftermath of a suicide.

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

Referrer Details

Referrer name _____ Provider number _____
Agency _____ Role _____
Phone _____ Fax _____
Email _____

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 # _____ Health Care # _____
Pension # _____ DVA Card # _____

Marital status _____

Indigenous status
Aboriginal but not Torres Strait Islander origin
Torres Strait Islander but not Aboriginal origin
Both Aboriginal and Torres Strait Islander
South Sea Islander
Neither Aboriginal nor Torres Strait Islander
Note stated/inadequately described

LGBTIQ Yes No

Culturally and linguistically diverse Yes No

Country of birth _____ Preferred language _____

Proficiency in spoken English Very Well Well Not Well Not at all NA

Interpreter required Yes No If yes, language: _____

Emergency Contact

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

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

Referral Information



Do not complete fields below if a mental health treatment plan (MHTP) or a Child Treatment Plan (CTP) accompanies this referral form and provides this information already.

Reason for referral (perspective of consumer and referrer)

Perinatal	Yes	No				
Outcome measures (score)	SDQ	<input type="text"/>	K10	<input type="text"/>	K5	<input type="text"/>

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)



If the person is presenting in an acute psychiatric crisis or if risk is high, please call your local area mental health service - 1300 MH CALL (1300 64 2255)

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

Consent

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 relevant information concerning matters related to this application with the following:

- Relevant Local Health District Services
- The Emergency Contact outlined in this referral
- Other service providers outlined in this referral

I give consent for information that doesn't identify me personally to be used in research and evaluation of this service

I give my consent for Connect to Wellbeing to keep a record of my referral and to contact the person or agency referring to update any information and to see if I am still interested in future support.

**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 the "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 the Connect to Wellbeing intake team.

Fax 1300 027 880

To provide the best possible health care, a Connect to Wellbeing staff member will speak with the person referred to review and determine the support needs, and refer on to the most suitable service.

Contact

Connect to Wellbeing is located in Cairns, Townsville, and Mackay, and services northern Queensland, from the Torres Strait to Mackay.

Phone 1300 020 390

Email contact@connecttowellbeing.org.au

www.connecttowellbeing.org.au



Connect to Wellbeing is a Neami National service supported by funding from the Australian Government under the PHN program.