

Servicing people in the Adelaide and Country SA catchment. Head to Health Phone Service provides a free, confidential referral service for anyone seeking help for their wellbeing or wanting support for a patient or someone they care about.

If the person has acute mental health needs, refer to Mental Health Triage or Emergency Triage Liason Service on 13 14 65

Referrer Details

Referrer name

Role / Organisation

Address

Suburb

Postcode

Phone

Fax

\*Email

Consumer Details

Full name

Preferred name

DOB

Gender

Pronouns

Address

Postcode

☐ No fixed address

Mobile

Email

Interpreter required?

☐ Yes – Language

☐ No

Preferred Referral Pathway to Head to Health (please advise yes or no).

Head to Health Intake, Assessment & Referral Service Agency	Yes	No
Head to Health Service Navigation for Eating Disorders	Yes	No
Risk Assessment:	Nil	Low
	Moderate	High
	(if high, please refer directly to mental health triage 13 14 65)	

Consent to Share Information

The Privacy Act requires that the consumer sign this form to provide consent for the release of their information. By signing below, the consumer gives consent for Head to Health Phone Service to seek and share information concerning matters related to this application, with the Country SA PHN and Adelaide PHN, the referral support person outlined in this form, and other service providers relevant to this referral. The consumer also gives consent to their information being used for statistical and evaluation purposes to improve mental health services in Australia. They understand that this will include details about them such as date of birth, gender and types of services they use, but will not include their name, address or Medicare/Pension/Health Care Card numbers.

Consumer signature

Guardian/parent if child

☐ Or verbal consent

Tick if applicable

Date

The referrer agrees that all information submitted in this referral is an accurate reflection of the consumer’s support needs and is correct with no information withheld, so Head to Health Phone Service can fulfill its duty of care to consumers, staff and other partner agencies.

Referrer signature

Date

Please attach Mental Health Treatment Plan (MHTP) or Child Treatment Plan (CTP) if available

**Referral Notes** (Any additional information that may support the consumer and referral)

The consumer and/or the referrer may be contacted for additional information.  
All referred consumers will have an intake and assessment completed by Head to Health Phone Service to determine service level and type (refer to: <https://iar-dst.online/>)

1800 595 212

**Adelaide PHN Referrals**

Fax 08 8121 1802 | email [sa\\_headtohealth\\_iar@neaminational.org.au](mailto:sa_headtohealth_iar@neaminational.org.au)

**Country SA PHN Referrals**

Fax 08 9467 6233 | email [CSAHTH@neaminational.org.au](mailto:CSAHTH@neaminational.org.au)

**HEAD TO  
HEALTH**

 **neami  
national**  
Improving Mental Health  
and Wellbeing

**phn**  
COUNTRY SA  
An Australian Government Initiative

**phn**  
ADELAIDE  
An Australian Government Initiative