

Send completed form to Brisbane North PHN

Fax: 07 3630 7839

Table One - Patient Details

Patient Name _____

Home Phone: _____ Mobile Phone: _____

DOB _____ / _____ / _____ Patient Sex:

Patient Postcode _____ Male Female Other or not stated

Table Two - Nominated Allied Health Professional (AHP)

AHP Name _____

AHP Email _____

AHP Phone _____ AHP Fax _____

AHP Address _____

AHP Suburb _____ AHP Postcode _____

Table Three - Referring GP Details

GP Name _____

General Practice _____

Referral Date _____ / _____ / _____ GP Postcode _____ GP Phone _____

Table Four - Other Information

Referred To:

Brisbane MIND Brisbane MIND4KiDS

Indicated level of Suicide Risk

1. Absent (General Program)

2. Mild (General Program)

3. Moderate (Suicide Prevention Program)

4. High (Suicide Prevention Program)

5. Acute (Acute Care Team or Ambulance)

Referral is for Exceptional Circumstances

Details of Exceptional Circumstances _____