

Send completed form to nominated AHP and Brisbane North PHN

Fax: 07 3630 7839

Brisbane MIND provides short-term mental health services for people who experience difficulty in accessing other services. If this person is not deemed to meet both eligibility criteria outlined in Table 1, please consider referring to the Better Access Program.

## Table One - Patient Eligibility

Healthcare or Pension Card Holder

### VULNERABLE:

This person meets **at least one** of the identified vulnerable groups, or be at moderate to high risk of suicide.

Homelessness

Carer with Mental Illness

Severe Mental Illness

Drug or Alcohol

Perinatal Depression

Weeks pregnant

Weeks post birth

Country of Birth

Year of Arrival

LGBTI

*Indigenous Status:*

Neither

Both

Aboriginal

Torres Strait Islander

CALD Background

Language Spoken

Interpreter Required

## Table Two - Suicide Risk Assessment

*Person Cares whether they live or die:*

1. Strong Desire to Live

2. I mostly want to be alive

3. It is hard for me to think of reasons to keep living

4. I mostly don't want to keep living

5. I have no reason to keep living

*History of suicide attempts or self-harm:*

1. No history

2. Had thoughts of harming self but never done so

3. One past suicide attempt or self harm

4. More than one past suicide attempt or self harm

5. Imminent threat of self-harm

*Person has a plan to take their life:*

1. No active plan

2. Unsure...I have random thoughts of ending my life

3. Current & persistent thoughts or plan to end life

4. Well developed plan with detailed action

5. Immediate risk of enacting a plan

*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)

Assessment Comments

Table Three - Nominated Allied Health Professional (AHP)

AHP Name \_\_\_\_\_

AHP Email \_\_\_\_\_

AHP Phone \_\_\_\_\_ AHP Fax \_\_\_\_\_

AHP Address \_\_\_\_\_

AHP Suburb \_\_\_\_\_ AHP Postcode \_\_\_\_\_

Table Four - Patient Details

Patient Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

DOB \_\_\_\_\_ Patient Sex: Male  Female  Other or not stated

Patient Postcode \_\_\_\_\_

<i>Living Arrangement:</i>	<i>Education Level:</i>	<i>English Level:</i>
Lives alone <input type="checkbox"/>	Tertiary (university or Tafe) <input type="checkbox"/>	Very well <input type="checkbox"/>
Lives with family <input type="checkbox"/>	Year 12 or equivalent <input type="checkbox"/>	Well <input type="checkbox"/>
Lives with others <input type="checkbox"/>	Year 11 or equivalent <input type="checkbox"/>	Not well <input type="checkbox"/>
	Year 10 or equivalent <input type="checkbox"/>	Not at all <input type="checkbox"/>
	Between Primary and Year 10 <input type="checkbox"/>	Unknown <input type="checkbox"/>
	Primary or below <input type="checkbox"/>	Other <input type="checkbox"/>

Table Five - Referring GP Details

GP Name \_\_\_\_\_

General Practice \_\_\_\_\_

Referral Date \_\_\_\_\_ GP Postcode \_\_\_\_\_ GP Phone \_\_\_\_\_

Table Six - Clinical Information

Brief description of the Presenting Issues \_\_\_\_\_

K10 Score \_\_\_\_\_ DASS 21 Score \_\_\_\_\_ EPND Score \_\_\_\_\_ Other Score \_\_\_\_\_

Alcohol and drug use disorders <input type="checkbox"/>	Psychotic Disorders <input type="checkbox"/>
Unexplained Somatic Disorders <input type="checkbox"/>	Depression <input type="checkbox"/>
Diagnosis Unknown <input type="checkbox"/>	Anxiety Disorders <input type="checkbox"/>
Diagnosis Other <input type="checkbox"/>	

## Table Six - Clinical Information (cont.)

### Current Medication

Phenothiazines and Tranquilisers	<input type="checkbox"/>	Antidepressants	<input type="checkbox"/>
Benzodiazepines and anxiolytics	<input type="checkbox"/>	Mood stabilisers	<input type="checkbox"/>
No Psychotropic Medication	<input type="checkbox"/>	Other Medication	<input type="checkbox"/>

### Referred For

Diagnostic Assessment	<input type="checkbox"/>	Psycho-Education	<input type="checkbox"/>
Cognitive Intervention	<input type="checkbox"/>	Skills Training	<input type="checkbox"/>
Relaxation Strategies	<input type="checkbox"/>	Narrative Therapy	<input type="checkbox"/>
Behavioural Intervention	<input type="checkbox"/>	Interpersonal Therapy	<input type="checkbox"/>
Other CBT	<input type="checkbox"/>		

Patient has had prior Mental Health Care?	<input type="checkbox"/>
Patient has been hospitalised for Mental Health Concern in last 12 months?	<input type="checkbox"/>
Patient has seen a Psychologist in this Calendar Year?	<input type="checkbox"/>

### Comorbid Conditions

Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	Injury and Musculoskeletal	<input type="checkbox"/>
Chronic Pain	<input type="checkbox"/>	Arthritis	<input type="checkbox"/>
COPD	<input type="checkbox"/>	Disability	<input type="checkbox"/>
CVD	<input type="checkbox"/>	Obesity	<input type="checkbox"/>

### As the referring medical practitioner, I confirm the following:

1. I have discussed this referral to the Brisbane MIND Program with the patient &/or parent/guardian (if relevant) and am satisfied they understand the proposed collection, uses and disclosures of personal health information, and has provided informed consent to these.
2. I have discussed that de-identified statistical information contained in this referral form will be collected and used for this program, uploaded to the Department of Health, and may be used in other Brisbane North PHN Programs.
3. I have provided this patient with a copy of the Brisbane MIND Program - Client Information Brochure, and advised that they read this and take it to their first appointment with their Allied Health Professional if they have any concerns.
4. I have discussed with the patient &/or parent/guardian (if relevant) that this referral entitles the patient to short-term treatment (up to 12 sessions), with a further 6 sessions possible under 'exceptional circumstances' (as agreed by the GP, AHP & Brisbane MIND Program).
5. I have discussed with the patient that they may be contacted to participate in Brisbane MIND quality review processes
6. I understand that the patient may not be seen by the AHP nominated on this form. To ensure timely access to appropriate care, patients may be allocated to another suitably qualified Brisbane MIND provider if the nominated AHP is not available.