

Send completed form to Brisbane North PHN

Fax: 07 3630 7839

Brisbane MIND4KiDS provides short-term mental health services for children 0-11 years who experience difficulty in accessing other services. If this child is not deemed to meet the eligibility criteria outlined in Table 1, consider referring to the Better Access Program.

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

1. I have discussed this referral to the Brisbane MIND4KiDS 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.

**Table One - Patient Eligibility**

Healthcare or Pension Card Holder  This child is vulnerable

**Table Two - Selected Brisbane MIND4KiDS Service Location**

*Selected Location:*

Caboolture  North Lakes  Stafford  The Gap  Woodford   
 Kilcoy  Redcliffe  Strathpine  Wamuran  Woolwin

**Table Three - Parent/Carer Details**

Parent / Carer Name \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_  
 Parent / Carer Phone \_\_\_\_\_

**Table Four - Referring GP Details**

GP Name \_\_\_\_\_  
 General Practice \_\_\_\_\_  
 Referral Date \_\_\_\_/\_\_\_\_/\_\_\_\_ GP Postcode \_\_\_\_\_ GP Phone \_\_\_\_\_

## Table Five - Patient Details

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

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

Patient Address \_\_\_\_\_

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

*Family court involvement or orders for this child:* Yes  No  Unknown  *Child Safety involvement with child:* Yes  No  Unknown

Country of Birth \_\_\_\_\_ Year of Arrival \_\_\_\_\_ Language Spoken \_\_\_\_\_

*English Level:* Very well  Well  Not well  Not at all  Unknown  Other

*Living Arrangement:* Lives with both parents  Lives with one parent  Lives with extended family  Foster care  Other

CALD Background  Interpreter Required

*Indigenous Status:* Neither  Both  Aboriginal  Torres Strait Islander

## Table Six - Clinical Information

K10 Score \_\_\_\_\_ SDQ Score \_\_\_\_\_ Other Score \_\_\_\_\_

**Current Medication**

Phenothiazines and Tranquilisers  Antidepressants

Benzodiazepines and anxiolytics  Mood stabilisers

No Psychotropic Medication  Other Medication

**Referred For**

Diagnostic Assessment  Psycho-Education

Cognitive Intervention  Parenting Training

Relaxation Strategies  Group Therapy

Behavioural Intervention  Attachment Intervention

Parent-Child Interaction Therapy  Other CBT

Patient has had prior Mental Health Care?

Patient has seen a Psychologist in this Calendar Year?

Problems relating to education and literacy Z55

Problems related to housing and economic circumstances Z59

Problems related to social environment Z69

Problems related to negative life events in childhood Z61

Other problems relating to upbringing Z62

Problems relating to primary support group, including family circumstances Z63

Other contextual factors

Table Seven - Child Treatment Plan

Brief description of the Presenting Issues

Medical and Development History

Family Medical History

Allergies and Current Medications

Description of Home and Family

Physical Functioning and Condition

School Related Difficulties

Table Seven - Child Treatment Plan (cont.)

School Name \_\_\_\_\_

Grade Level:

Pre-School       Grade 1       Grade 3       Grade 5       Grade 7   
 Prep       Grade 2       Grade 4       Grade 6

*Risk of Self Harm:*

Absent   
 Low   
 Moderate   
 High

*Risk of Suicide:*

Absent   
 Low   
 Moderate   
 High

*Risk of Harm to Others:*

Absent   
 Low   
 Moderate   
 High

*Aggression:*

Absent   
 Low   
 Moderate   
 High

*Attachment Disturbance:*

Absent   
 Low   
 Moderate   
 High

*Absconding Behaviour:*

Absent   
 Low   
 Moderate   
 High

Treatment Goals