

**PATIENT DETAIL**

Name:	D.O.B.	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
Address:	Contact detail: H M	Interpreter required? <input type="checkbox"/> N <input type="checkbox"/> Y Language:
Employment/pension/other:	Relationship status:	Children #:

**REFERRAL DETAIL**

**Reason(s) for referral :**  
 Diagnostic clarification  Medication advice  Biopsychosocial management plan  Other:

**CURRENT PRESENTATION**

**Presenting symptom cluster:** (tick relevant clusters)  
 Depression  Anxiety  Mania  Psychosis  Personality  Drug & alcohol  other  
**First Presentation?**  Yes  No Detail:

**Detail of current presentation:** (symptoms / duration/previous episodes)  
 .....  
 .....

**Recent psychosocial stressors:** (work, family, relationships, loss etc)  
 .....  
 .....

**Gambling Behaviour:** (form of gambling, onset of problem, frequency, debts)  
 .....  
 .....

<b>Current/recent Medication:</b> (name/dose/Freq) .....	<b>Adherence to treatment:</b> <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> low <input type="checkbox"/> Unknown
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**Other health professionals involved currently/recently**  Psychiatrist;  Psychologist;  Community health  Other  
 Detail (name; profession; contact)

**Risk (to self or other):**  
 Low  Moderate  High (if moderate or high consider referral to CAT team or other emergency service)

**HISTORY**

**Psychiatric: Past diagnosis:** N  Y  Detail (type & date):  
**Contact with psychiatric/psychological services:** N  Y  Detail (type & date):

**Medical :**

**Forensic :**

**Family :**

**REFERRER DETAIL**

<b>Name:</b>	<b>Agency/Practice:</b>	<b>Phone:</b>
	<b>Address:</b>	<b>Fax:</b>

**CLIENT CONSENT**

<ul style="list-style-type: none"> <li>Client referral consent: <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>Client consent for release of information between VSPGMHP, referrer and other professionals identified above: <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul> <p><b>Client Goals:</b>          .....          .....</p> <p><b>Client signature:</b> ..... <b>Date:</b> .....</p>	<p><b>Please attach any additional information</b></p> <p><b>FAX TO: 9076 4788</b></p>
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**OFFICE USE ONLY:** Referral received by: ..... Date: .....