



## MENTAL HEALTH AND ALCOHOL AND OTHER DRUG PROGRAMS SERVICE PROVIDER REFERRAL FORM

This form is for GPs and Service Providers only.

Consumers and parents or caregivers can refer themselves using our self-referral e-forms [gph.org.au/referrals](http://gph.org.au/referrals)

At GPH we use the term consumer to refer to the children, young people, adults and families and carers that use our mental health, suicide prevention and alcohol and other drug services.

### REFERRER DETAILS

Referrer name:	
Referrer Profession:	
Organisation:	
Address:	
Email:	
Phone:	

Which GPH Mental Health or Alcohol and Other Drug Program are you referring this person to?

headspace

Other (state if known) \_\_\_\_\_

Please note that all GPH Mental health and alcohol and other drug programs are voluntary. We will not accept referrals without the consumer's (or their parent/caregiver's) consent. Is the consumer (or their parent/caregiver) aware of and has agreed to a referral to GPH?

YES  NO

### CONSUMER DETAILS

First Name:	
Last Name:	
Preferred Name and Pronouns:	
Date of Birth:	
Address:	
Mobile Phone:	
Emergency Contact Name:	



Preferred Language: \_\_\_\_\_

Do they require an interpreter? YES  NO

## MENTAL HEALTH & SUBSTANCE USE INFORMATION

**Service use and response History** - Please tick the most appropriate box:

0 = The consumer has never required help for either a mental health or substance use issue.

1 = The consumer has had treatment before and fully recovered with no ongoing issues.

2 = The consumer has had treatment before and mostly recovered, needing only some support.

3 = The consumer is getting treatment now but not making much progress despite intensive efforts.

Is there anything you would like to share about their previous experience with service use? This may include recent improvements, trauma, challenges, or new symptoms they have observed.

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**Harm** - Please tick the most appropriate box:

0 = The consumer has no risk of harming themselves or others.

1 = The consumer might have had thoughts of self-harm or harm to others in the past, but not now.

2 = The consumer currently has thoughts of self-harm or harm to others but no plans to act on them.

3 = The consumer has serious thoughts of self-harm or harm to others, with plans or past attempts.



**If the consumer is currently experiencing an acute risk of harm or suicidal crisis needing immediate and acute services, please contact the Mental Health Line on 1800 011 511 or Emergency Services on triple zero (000).**

Is there anything you would like to share about their experiences with thoughts of suicide or attempts in the past or present?

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**Functioning** - Please tick the most appropriate box:

- 0 = The consumer has no issues with their daily activities.
- 1 = The consumer can do their daily activities but sometimes finds it hard to keep up.
- 2 = The consumer has trouble with their daily activities more often, such as missing work or school occasionally.
- 3 = The consumer struggles a lot with daily activities, affecting school or work, relationships, or self-care.

Is there anything you would like to share about how their mental health or substance use issue has affected their ability to function in their usual roles and responsibilities appropriate to their age?

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**Impact of Co-Existing Conditions** - Please tick the most appropriate box:

0 = The consumer has no other health issues affecting their mental health or substance use issues.

1 = The consumer occasionally uses substances, but it doesn't cause major problems. Any physical health issues are stable and not affecting their mental health.

2 = Ongoing substance use, physical health, or cognitive issues significantly affect the consumer's mental health.

3 = The consumer's substance use, physical health, or cognitive issues severely affects their mental health.

Is there anything you would like to share about their other health issues?

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**Social and Environmental Stressors** - Please tick the most appropriate box:

0 = The consumer doesn't find their environment stressful.

1 = The consumer's environment is mildly stressful but manageable.

2 = The consumer's environment is moderately stressful, causing some difficulties.

3 = The consumer's environment is very stressful and hard to cope with.

Is there anything you would like to share about how their current surroundings and life situation, including big challenges like losing a job, work or study demands, changes in peer groups, relationships, trauma, feeling alone or legal issues that may be affecting their mental health or substance use?

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**Family and Other Supports** - Please tick the most appropriate box:

0 = The consumer has lots of support from family and friends who can help when needed.

1 = The consumer has some support available from family and friends.

2 = Support for the consumer is hard to get or not always reliable.

3 = The consumer has very little support from others.

Is there anything you would like to share about their support, such as how family or friends contribute to their well-being and recovery?

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**Engagement and Motivation** - Please tick the most appropriate box:

0 = The consumer (or their parent/caregiver) fully understands their condition, manages it well, and is motivated about recovery.

1 = The consumer (or their parent/caregiver) mostly understands their condition, manages it well, and accepts support when needed.

2 = The consumer (or their parent/caregiver) has limited understanding of their condition and needs prompting from others to seek help.

3 = The consumer (or their parent/caregiver) rarely accepts their condition and has been reluctant to use available supports.

What motivates the consumer to seek support from GPH at this time?

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In addition, GP's requesting services via a mental health treatment plan (MHTP) are to email/fax the MHTP directly to the relevant program. Contact details of all our programs can be found at [gph.org.au/services/mental-health/](http://gph.org.au/services/mental-health/)

Note that our referral forms are based on the Australian Government Initial Assessment and Referral Decision Support Tool (IAR-DST) domains for mental health. GPH mental health programs use this tool to gather initial information and determine suitability. Completing this referral form is different from the initial assessment we will undertake. The scoring utilised is to simplify the referral process and will not impact service delivery.

The relevant program will acknowledge and process your referral as soon as possible.