

# GP Fax Referral Form

Referral Date: .....

The Access & Triage team provide 24/7 mental health telephone triage assessment for the entire Grampians region across all age groups.

Grampians Area Mental Health Service - incorporating Ballarat Mental Health Services - is a specialist psychiatric service offering case management and treatment for people who are experiencing serious mental illness.

Please note, we cannot provide support with Mental Health Care Plans or requests for Psychology services.

<b>Referral to:</b>  <b>Grampians Area Mental Health Service</b>  <b>Access &amp; Triage Service</b>  <b>Fax: 5320 4028</b>  <b>For urgent referrals please call 1300 247 647</b>  <b>choose option 6 for VIP line (please do not give this option to patients)</b>	<b>Referring General Practitioner:</b>  <b>GP Name:</b> .....  <b>Clinic name &amp; address:</b> ..... ..... .....  <b>Ph:</b> .....  <b>Fax:</b> .....
<b>Service requested:</b>	
<b>Patient / client details:</b>  Name: ..... Address:.....  Date of Birth: .....  Preferred name/s: ..... Phone: ..... work: .....  Sex (please circle): Male / Female Mobile:.....  Title (please circle): ..... Email: .....  Alternative Contact: .....  Preferred Language: ..... Interpreter Required: Yes / No	

**Consent to referral and sharing of relevant information** (please circle): YES / NO

Attach 'Patient Consent Form' if restrictions apply.

**Patient aware of referral:** YES / NO

**Reason for referral:**

**Presenting Problem:**

**Current Medication:**

Drug name	Strength	Dose / frequency / special

**Medical History:**

**Psychiatric History:**

**Risk Issues:**

**Risk of suicide:**                      **Please provide details:**

**Previous suicide attempts:**      **YES / NO**      **If yes, please provide details:**

**Risk of deliberate self harm:**      **Please provide details:**

**Risk of Harm to Others:**              **Please provide details:**

**Drug & Alcohol History:**

**Other Health Professionals/Services involved:**