MACKAY

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NORTHERN AUSTRALIA PRIMARY HEALTH LIMITED
A healthier future for all Australians

OFFICE HOURS Monday to Friday 8.30am – 4.30pm
ReferralsMHmky@naphl.com.au

This Mental Health Program is supported by funding from the Australian Government under the PHN Program.

Referral Form
Mental Health 12 - 25 Years

If you consider this referral a high priority please call our office after faxing the referral

Eligibility

This person is between 12 – 25 years old Yes ☐ No ☐

This person has a current Mental Health Treatment Plan Yes ☐ No ☐

This person has attended less than 12 ATAPS or 10 Better Access sessions in the current calendar year Yes ☐ No ☐

Referral Date:

Persons Details

First Name		Surname	
DOB		Gender	
Address			Postcode
Phone (work)	Phone (home)		Mobile
Indigenous Status		Interpreter Required	Yes ☐ No ☐
Medicare Card #	Ref # Expiry	Health Care Card #	Expiry

Applicable Private Health Insurance? Yes ☐ No ☐

Contacts (Complete relevant field/s)

Can we contact these people if we are unable to contact the referred person to schedule an appointment Yes ☐ No ☐

Next of Kin/ Emergency Contact:

Name		Phone	
Address			Postcode
Relationship to person:			

Carer Details: (if applicable)

Name		Phone	

Referrer Details (if applicable)

Name			
Organisation			
Address			Postcode
Fax		Provider Number	

Referral Information

Reason for Referral
Diagnosis
Allergies
Current Medications (Please attach medications summary)

Relevant medical history/conditions (Please attach health summary)

Reason for Referral

☐ Counselling Services ☐ Drug and Alcohol Intervention ☐ Social Recovery Groups ☐ Health Review/GP Services

K10 or EPNDS Score:

Known Risks

Are there any known risks to self/others/staff?: Yes ☐ No ☐

If yes please provide further information

Consent to referral:
I have discussed this referral with the person and/or their guardian and am satisfied that the person and/or their guardian understands a
able to provide informed consent to this referral

Referrer's signature: _____

Please attach GP Mental Health Treatment Plan (MHTP), Medication Summary and Health Summary