Mental Health Service Referral

Boab's Mental Health Service assists clients with mild to moderate mental health issues across the lifespan.
Clinical responsibility lies with the referrer until a clinical service commences.
Should you require more urgent assistance, please consider KMHDS, Emergency Department, Rural Link, Suicide call back service, Crisis Care, Lifeline, Beyond Blue.

Please select the service you would like to refer to:

☐ **Mental Health**	For clients across the lifespan with mild to moderate mental health issues willing to engage in short term structured interventions. *Exclusions apply – long term therapy, high risk, complex PTSD, personality disorders, dementia, delirium, tobacco use disorder, intellectual disability.*
☐ **Clinical Care Coordination Services**	Assisting GPs to case manage individuals in the community with severe mental illness
☐ **Youth Service (Kununurra Only)**	Intensive Mental Health support for young people aged 12-18 years with or at risk of developing complex mental health issues, supported by EKC
☐ **Child and Youth Service (Broome & Kununurra)**	Therapy and support for children aged 0-12, youth services 12 to 24, and their families to address common mental health issues.
☐ **ABLe - (Wyndham Only)**	Based in Wyndham, this program provides individual and group support, advocacy and case management to people impacted by the implementation of the cashless debit card aged 16+.

Interventions offered to the client will be group attendance, brief solution focused therapy or individual counselling, based on the clients presenting issue, as determined by assessment.

Referrer Details

Referral Date:	
Referrer Name: Referring Organisation: Postal address:	Phone: Email:

Client Details

Client name	**Date of Birth**:
Postal Address:	**Gender**: ☐ Male ☐ Female ☐ Other ☐ Unspecified
Email Address: **Phone**:	**ATSI status**: ☐ Aboriginal ☐ Torres Strait Islander ☐ Neither
Under 18 Clients; Legal Guardian, Carer Details &/or emergency contacts:	

Other agencies involved in client care:	

Reason for Referral

What are the clients presenting issues and how does this impact on their functioning?

What is the client's principle diagnosis?

Mental State Examination:

Current Medications:

What are the client's motivations and goals?

Please provide some history on the client's current situation including their family history, social supports, and cultural considerations:

Please note any risks of self-harm, suicidal ideation, harm to others, substances use, housing, or legal issues:

BEFORE SUBMITTING THE REFERRAL PLEASE ENSURE;

- ☐ Client has consented to the referral and has agreed for us to contact them for an appointment.
- ☐ The referral form above has been completed in its entirety.
- ☐ The K10+ attached below has been completed and attached.
- ☐ Client and carer/guardian has consented to the referral and has agreed for us to contact them for an appointment.

Once completed, please direct to Boab's Mental Health Team –

MMex: bhsmht@mmex.gsmhn.com.au Email: reception@boabhealth.com.au

Mental Health Team – Child and Youth Client Consent

I,(Name)_____Date of Birth_____

Parent/Guardian (if applicable):_____

understand that part of the referral process to Boab Health is for us to learn about you and the other services involved in your life. All Information we find out about you, including from yourself, will be treated and stored confidentially, which means we will not share your information with anyone else unless you give us permission or you are at serious risk.

I give permission for sharing of my personal information in respect of my care and/or attendance, between the Boab Mental Health Team and:

☐ My local GP: _____Practice:_____

☐ Child & Adolescent Mental Health Service (CAMHS): _____

☐ School Psychologist / Chaplin / Counsellor: _____

☐ Other Service Provider: _____

I also understand that details about me such as date of birth, gender and types of services I use, but not my identifiable details, like my name, address or Medicare number to be shared with:

☒ Department of Health / Social Services to meet our funding requirements and for purposes designed to improve mental health services in Australia.

Boab Health Services is committed to providing you with the highest level of service and confidentiality, and this includes protecting your privacy. Boab Health Services are bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000, which outlines the principles concerning the protection of your personal information.

This authority is valid for 12 months from the date signed but can be withdrawn at any time and will automatically expire when services are finalised by either you, or the Boab Mental Health Team.

Clients Signature: _____ Date: _____

Guardians Signature: _____Date:_____

Witness Signature: _____Date:_____