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:

☐ **Counselling & Group Programs**	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.* ➢ *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.*
☐ **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 aged 12 to 25, and their families, to address common mental health issues. ➢ *Face to face in Broome and Kununurra, please contact us re support in other locations.*
☐ **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+.

Referrer Details

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

Client Details

Client name	**Date of Birth**:
Postal Address:	**Gender**: ☐Male ☐Female ☐Other ☐Unspecified
Email Address: **Phone**:	☐Aboriginal ☐Torres Strait Islander ☐Neither ☐Both Aboriginal and Torres Strait Islander
Medicare No.: Exp. Date /	

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 principal 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 through:

MMEx: Boab Health – Counselling (Boab Health) or Email: reception@boabhealth.com.au