

GP LINKS WIDE BAY – BETTER OUTCOMES IN MENTAL HEALTH CARE (BOIMHC)



BOIMHC Patient Referral

Please Fax Referral to 4121 3766
Enquiries – Ph 4121 3788

To: (Service Provider)

From:

(Address):

Signature:

Patient Details

Patient Referral ID (first 3 letters of patients surname):

Gender: Male / Female **Year of Birth:** **Postcode:**

Does the person speak a language other than English at home?

(Tick one only. If more than one language, tick the one that is spoken most often.)

- No - English Only
- Yes - Italian
- Yes - Greek
- Yes - Cantonese
- Yes - Mandarin
- Yes - Arabic
- Yes - Vietnamese
- Yes - Other
- Unknown

If English is not the only language, how well does the person speak English?

- Very Well
- Well
- Not Well
- Not at all
- Unknown

What is the highest level of education the person has completed?

- Primary or below
- Secondary - Year 10 or equivalent
- Secondary - Year 11 or equivalent
- Secondary - Year 12 or equivalent
- Tertiary

Is the person of Aboriginal origin?

- Yes
- No
- Unknown

Is the person of Torres Strait Island origin?

- Yes
- No
- Unknown

Does the person live on his/her own?

- Yes
- No
- Unknown

Is the person a low income earner?

- Yes
- No
- Unknown

Has the person ever received specialist mental health care before?

(public/private, medical/allied health)

- Yes
- No
- Unknown

Clinical Information

Referral Date:

GENERAL BOIMHC:

ICD-10 Primary Care Diagnostic Categories (multiple responses permitted):

- F1 Alcohol & Drug Use Disorders
- F2 Psychotic Disorders
- F3 Depression
- F4 Anxiety Disorders
- F5 Unexplained somatic disorders
- Unknown
- Other

PERINATAL DEPRESSION:

- Perinatal Depression

For which focussed psychological strategy is the person being referred?
(Multiple responses permitted)

- Diagnostic Assessment
- Cognitive Intervention (CBT)
- Relaxation Strategies (CBT)
- Other CBT interventions
- Interpersonal Therapy
- Other Strategy:
- Psycho-education
- Behavioural Intervention (CBT)
- Skills Training (CBT)

K10 Score at Assessment:

Is the person receiving psychotropic medication? (Multiple responses permitted)

- Benzodiazepines and anxiolytics
- Antidepressants (such as SSRIs, SNRIs, TCAs)
- Phenothiazines & major tranquillisers (such as risperidone, olanzapine, chlorpromazine, haloperidol, clozapine)
- Mood stabilisers (such as lithium carbonate, sodium valproate or carbamazepine)

GP / Practice Action:

- Fax Copy of BOIMHC Referral (this page only) to gp links wide bay on 4121 3766
- Send BOIMHC Referral and GP Mental Health Care Plan to Service Provider

THIS FORM IS ONLY VALID FOR TWO MONTHS FROM DATE OF ISSUE