



**OLDER PERSONS MENTAL HEALTH SERVICES SOUTHERN
Community Team and Ward 18V Referral**

Mon – Fri Business Hours Phone: 7117 5037 Fax: 7117 5081 (if referral faxed OPMHS Clinical Advisor will follow up with a phone call)

For After Hours Referrals From Emergency Departments Only:

Phone: 8404 2992 (Nurse in Charge Ward 18V) AND Fax: 8404 2924

Referral for: **Community Team** **Ward 18V**

DATE:

Client's Name:	DOB:	Age:
	(50 and over for Aboriginal and Torres Strait Islanders)	
Address :		
Phone No:	Mobile:	

Referrer's Name:		
Position:	Agency :	Phone No:

Identifiers:

Is the client aware of referral: yes / no	
Language spoken at home:	
Is an interpreter required: yes / no	Aboriginal or Torres Strait Islander:
Country of Birth:	Ethnicity:
Accommodation setting:	In RCF, high or low level care:
Marital status:	Respite or permanent RCF bed:
Medicare Number:	Pension Type:
Ambulance Cover:	Private Health:
Next of Kin name:	G.P. Name
address:	Surgery's Address:
Phone No:	Phone No: Fax No:
Relationship:	Is the GP aware of referral: yes / no

Situation: (Reason for referral and expected outcomes)

Background: (Past psychiatric history, relevant medical history, Social information, relevant stressors and recent history of presenting problems)

What supports are already in place:

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Assessment:

Medical Clearance:

What blood tests and when:
MSSU:
CT head:

Psychiatric medications: (ask referrer to fax medication charts)

Medication	Dosage	Frequency	Route	Comment

Medication compliance Yes No

Other medications:

Medication	Dosage	Frequency	Route	Comment

Alcohol and other drugs:

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Mandatory reporting:

Does this person have access to firearms:	yes / no
If yes has a firearms notification been made:	yes / no
Are there children under 18 in the household:	yes / no
Are there any child protection concerns:	yes / no
Any other dependants in the household:	yes / no

Risk Assessment to be completed by Clinical Advisor or nurse in charge via follow up

phone call:

1. RISK OF HARM TO SELF		2. RISK OF HARM TO OTHERS		3. LEVEL OF PROBLEM WITH FUNCTIONING	
<input type="checkbox"/>	None - No thoughts or action of harm	<input type="checkbox"/>	None - No thoughts or actions of harm	<input type="checkbox"/>	None - No more than everyday problems
<input type="checkbox"/>	Low - Fleeting suicidal thoughts but no plans/current low alcohol or drug use	<input type="checkbox"/>	Low - Fleeting "harm to others" thoughts but no plans/ current low alcohol or drug use	<input type="checkbox"/>	Low - Moderate impairment in one area or mild impairment in several areas. (A degree of difficulty in social /occupational functioning including ADL's. reduced ability to cope unassisted)
<input type="checkbox"/>	Moderate - current thoughts/ distress/ past actions without intent or plans/ moderate alcohol or drug use	<input type="checkbox"/>	Moderate - current thoughts/ distress/ past actions without intent or plans/ moderate alcohol or drug use	<input type="checkbox"/>	Moderate - Significant impairment in one area (either social, occupational functioning including ADL's)
<input type="checkbox"/>	Significant - current thoughts/ past impulsive actions/ recent impulsivity/ some plans, but not well developed/ increased alcohol or drug use	<input type="checkbox"/>	Significant - current thoughts/ past impulsive actions/ recent impulsivity/ some plans, but not well developed/ increased alcohol or drug use	<input type="checkbox"/>	Significant - impairment in several areas (social, occupational functioning including ADL's)
<input type="checkbox"/>	Extreme - current thoughts with expressed intentions/ past history/ plans/ unstable mental illness/ high alcohol or drug use, intoxicated/ violent to self/ means at harm to harm self	<input type="checkbox"/>	Extreme - current thoughts with expressed intentions/ past history/ plans/ unstable mental illness/ high alcohol or drug use, intoxicated/ violent to self/ means at harm to harm self	<input type="checkbox"/>	Extreme - impairment 9inability to function in almost all areas 0

Comments:

4. RISK DUE TO LIMITED SUPPORT AVAILABLE		5. RISK OF TREATMENT FAILURE BASED ON HISTORY		6. RISK DU TO ATTITUDE AND ENGAGEMENT TO TREATMENT	
<input type="checkbox"/>	None - Highly supportive (all aspects/most aspects highly supportive/ self / family / professional / effective involvement)	<input type="checkbox"/>	None - No problems/minimal difficulties (most forms of treatment have been successful/new client)	<input type="checkbox"/>	None - No problem / Very Constructive (accepts illness and agrees with treatment / new client)
<input type="checkbox"/>	Low - Some support available, able to help in times of need	<input type="checkbox"/>	Low - Some responses in the medium term to highly structured interventions	<input type="checkbox"/>	Low - Moderate response (variable / ambivalent response to treatment)
<input type="checkbox"/>	Moderate - Limited Support (few sources of help, support system has incomplete ability to participate in treatment)	<input type="checkbox"/>	Medium - Poor response (response only in the short term with highly structured interventions)	<input type="checkbox"/>	Medium - Poor engagement (rarely accepts diagnosis)
<input type="checkbox"/>	High - Minimal (few sources of support and not motivated)	<input type="checkbox"/>	High - Minimal response (minimal response even in highly structured interventions)	<input type="checkbox"/>	High - Minimal response (client never co-operates willingly)
<input type="checkbox"/>	Extreme - No support	<input type="checkbox"/>	Extreme - No response (no response to any treatment in the past)	<input type="checkbox"/>	Extreme - No response (client has only been able to be treated in an involuntary capacity)

Comments:

LOW MEDIUM HIGH

Any other comments:

