

SUPPORTING MINDS DIRECT REFERRAL FORM

By consenting to this referral, the person is consenting to the sharing of their personal information. The information contained in the referral is used by the Supporting Minds Intake team to deliver intake services. This information will be used to assess initial eligibility for the program and Supporting Minds will contact the person for intake if eligible.

Please indicate the information in this form has been discussed with, and provided to the client, and the client is aware deidentified data is shared with GCPHN for monitoring, reporting and evaluation purposes to improve quality and access to care Y N

Patient or Parent/Guardian/Carer consents to Referral? Y N

Consent to sharing Y N

REFERRER INFORMATION			
Referral Date:		Organisation:	
Referrer Name:		Referrer Contact Details:	
SUPPORTING MINDS ELIGIBILITY			
Confirmation of Eligibility *Must Confirm*			
<input type="checkbox"/> Resides in Gold Coast Region			
<input type="checkbox"/> Benefit from Short Term Intervention			
Situational Distress (16-65yrs):			
<input type="checkbox"/> Mild to Moderate emergent decline in Mental Health due to situational distress			
LGBTIQAP+ (12-65yrs):			
<input type="checkbox"/> Residing in the Gold Coast region, who identify with the LGBTIQAP+ community and/or are questioning sexuality or gender identity, requiring culturally specific support.			
CLIENT PERSONAL INFORMATION			
Legal Name: *First Name and Last Initial*		Preferred Name:	
Date of Birth:		Gender:	
Country of Birth:		Pronouns:	
Main Language Spoken:		Health Care Card:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Indigenous Status:	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Other: _____		
CLIENT RESIDENCE INFORMATION			
Suburb:		Postcode:	
CLIENT CONTACT INFORMATION			
Phone:		Email:	
Preferred Contact Method:	<input type="checkbox"/> Call <input type="checkbox"/> SMS <input type="checkbox"/> Email	Is it safe to call/SMS/leave a message?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
ADDITIONAL INFORMATION			
Reason for Referral:			
Barriers to Accessing Service:			
Risk of Harm:	*Please not this is not a crisis service - If person is at high risk of harm, please contact emergency services on 000 or Acute Care Team on 1300 642 255 *		
Other Services Being Accessed and Additional Notes:			

Funded by

Please attach any additional information or documents if required and return to the Supporting Minds team on supportingminds@wmq.org.au

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