

HealthWISE Provisional Mental Health Referral Form Residential Aged Care Facilities

HealthWISE Mental Health services provide targeted psychological therapies to clients who are experiencing **mild to moderate mental health disorders (excluding symptoms of dementia)**, and who would benefit from **short-term interventions**.

**PLEASE NOTE THAT HEALTHWISE IS NOT A CRISIS SERVICE
CLIENTS WHO ARE ASSESSED AS HIGH RISK SHOULD BE REFERRED TO HNELHD MENTAL HEALTH**

Who is eligible for Primary Mental Health Care Programs?

- ✓ Residents of Residential Aged Care Facilities in Armidale, Ashford, Barraba, Bingara, Bundarra, Glen Innes, Gunnedah, Inverell, Manilla, Moree, Mungindi, Narrabri, Quirindi, Tamworth, Tenterfield, Uralla, Walcha, Wialda and Wee Waa

Clients must obtain a **GP MENTAL HEALTH TREATMENT PLAN** as soon as possible after this referral.

Client Details

Name _____ DOB ____ / ____ / ____ Gender _____

Facility _____ Postcode _____

Person for contact at the facility _____

Position _____ Ph. _____ mob _____

email _____

Aboriginal/Torres Strait Islander Yes / No

CALD Yes / No

REFERRER _____ Date ____ / ____ / ____

Clients GP

Address _____ Postcode _____ Phone _____

Fax Number _____ Provider Number (if applicable) _____

Client has consented to this referral

Reason for referral

**FAX Referral to HealthWISE Coordinated Referral Network 1300 452 059
Or via Medical Objects: HEALTHWISE, MENTAL HEALTH**

For more information: **Phone:** 1800 931 540
Email: mentalhealth@healthwise.org.au
Website: <http://www.healthwise.org.au>