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, Warialda 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