# Specialist Psychiatry Outreach Service Referral Form

**Service Criteria:**

Provide priority access to the following groups of people who are 17 years of age or older, and require psychiatric care:

K10+ is Required to complete with this referral.

**Please indicate which of the following eligibility criteria options applies to the patient.**

***The patient has a diagnosed attention deficit/hyperactivity disorder (ADHD) and is transitioning***

***from paediatrician to general practitioner (GP) care for ADHD management.***

***The patient identifies as Aboriginal or Torres Strait Islander.***

***The patient holds a Centrelink-issued healthcare card, family healthcare card, or pension card.***

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| Has the client consented to this referral? | Yes | No |
| Does client meet eligibility criteria? | Yes | No |

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| **Client Details** | | | |
| First name: | | Last name: | |
| Date of birth: | | Contact number: | |
| Gender: | | Gender pronoun(s): | |
| Email address: | | | |
| Home address: | | | |
| Suburb: | State: | | Postcode: |
| Medicare Card: Reference No: Expiry Date: | | | |
| NOK/Emergency Contact: | | | |

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| **Demographic Details** | | | | | | | |
| Country of birth: | | | | | Preferred language: | | |
| Proficiency in spoken English: | | Very Well | | Well | | | Not Well |
| Interpreter Required : | | Yes | | No | | | |
| Identified as : | Aborignal | | Torres Strait Islander | | | Neither | |
| Ethnicity: | | Interpreter Required: | | | Yes | | No |

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| **Referral Details** | | | | | | |
| Date of Referral: | | | | | | |
| Referrer Name: | | | | Referrer Profession: | | |
| Practice name: | | | | | | |
| Referrer phone: | | | | | | |
| Referrer email: | | | | | | |
| LGA Region | Penrith | Blue Mountains | Hawkesbury | | Lithgow | Other |

**Please send the completed referral form, clinical referral letter and K10+ (attached to this referral form) to:**

Email: [psychiatryservices@uniting.org](mailto:psychiatryservices@uniting.org)

Phone: 0466 467 224 (Referrals & appointment booking only from Mon to Fri -8.30 am to 4.30 pm)

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| **Please note that the Specialist Psychiatry Outreach Service is NOT a crisis response service.**  **For emergencies dial “000”**  **For urgent mental health assessment please call NSW Mental Health Line 1800 011 511** |