



**PEEL ADULT COMMUNITY MENTAL HEALTH SERVICE**  
**CLIENT REFERRAL INFORMATION**

110 Lakes Road, Mandurah WA 6210 - PaRKMHSPeelATT@health.wa.gov.au  
 Ph: (08) 9531 8080 Fax: (08) 9531 8070

**We are a specialist mental health service, offering treatment for severe and enduring mental illness**  
**We are unable to facilitate assessments for ADD / ADHD, Autism, reports for court, workers compensation or**  
**DSP /NDIS. This requires a referral to a private psychiatrist.**

<b>1. Client Details:</b>		<b>2. Doctor / Referring Agency Details / Stamp:</b>	
Name:		Name:	
DOB:	Gender:	Practice:	
Address:		Address:	
Tel:		Tel:	
Ethnicity:	Language / interpreter needed:	Fax:	
Aboriginal:		E-mail:	
Torres Strait Islander:			
Next of Kin / Contact Person:			
Phone:		Date of referral:	

**3. Prior to referring the client please review these questions:**

If indicated has the person had at least 6 weeks trial of psychiatric medication? Yes  No

If indicated has a Mental Health Treatment Plan been initiated? Yes  No

Please note individual psychology sessions are not offered by our service under a MHTP.

Have medical causes for the presentation been investigated and excluded? Yes  No

Please indicate below:

**Have any of the following primary services been considered / utilised?**

- South Metro Drug and Alcohol – 9581 1187
  - ALIVE – 360 Suicide Prevention Program – 1300 706 922
  - Aboriginal Services – Wungening 9221 1411  (state wide, AOD counselling at Rockingham)
  - Nidjalla Waangan Mia 9586 4580
  - PORTS – Practitioner Online Referral Treatment Service – 1800 176 787
  - Headspace – Services for 12/25 years old – 6595 8888
  - Peel Youth Medical Centre (PYMS) 12-25 years old – 9583 5435
  - Mental Health Connex – Community Support – 1800 532 012
  - ARBOR – Bereavement by suicide – 9266 1029 (Peel)
  - Psychosocial Support e.g RUAH / NEAMI / other
  - Peel Health Hub 9583 5435  Allambee - Located at Peel health hub, support and counselling 9535 8263
- The above and other resources can be found at <https://wa.healthpathways.org.au/15718.htm>.

**4. Following your assessment of the client please detail the reason for the referral. Provide as much relevant information to expedite the referral process; including Mental State Examination, past psychiatric history and concerns from family / support network.**

**5. Please indicate any current or previous risk to self or others (Self-harm, suicidal ideation, plan / intent, thoughts of harming others, please detail how / when / who, detail any history):-**

**6. Please list all current medications taken by the client and duration. Please list any psychiatric medications previously prescribed which have been reported as ineffective.**

Medication, Commenced, Dosage, Frequency	Previous medication reason for ceasing

➤ Please attach medication summary.

**7. Please provide contact details of the client's main support and any other agencies involved in care of the client or their dependents:-**

**8. Other relevant information:-**

Relevant Previous Medical History including recent investigation:

Drug and Alcohol History (include type, quantity, frequency, administration and when last used):

History of violence and criminal charges, type and criminal charges (when and what).

Any pending court cases?:

**9. Preferred response to the referral:**

- Medical Phone consultation for advice on management/medication.
- Case conference – At your practice with the client, our Clinical Nurse Specialist and Psychiatrist – arranged via our CNS.
- Comprehensive Mental Health Assessment and Opinion.

**If this referral requires a more URGENT response please submit a completed form and contact our triage officers on 95318080 to discuss or utilise the local Emergency Department. If after hours MHERL can be contacted on 1800 676 822.**

**Incomplete forms may potentially cause delays in processing this referral.**

**Thank you for you referral, all referrals are discussed the next business day at the Multi-disciplinary Team meeting. The referrer and client will be contacted to discuss the outcome and proposed action plan.**