

MHConnex

Referral Form:

About the service

MH Connex is a free community mental health service provided by Richmond Wellbeing, for people aged 18+, who have a mental health treatment plan and live in the Perth metro area. This recovery-oriented program connects patients experiencing severe and complex mental health issues to the right mental health care and support at the right time, for up to 24 weeks. Our highly experienced and professional mental health clinicians will provide you with personalised and inclusive support.

By linking in with the persons GP and using our skills, expertise, empathetic approach, and networks, our team are able to provide individuals with support and guidance to help meet their recovery goals. Our team draws on various techniques including psychological therapies, therapeutic relationships and compassionate care management; and are able to support people with a psychiatric medication plan.

This program provides a short-term support service tailored to the individuals needs, that typically involves a review of the persons personal circumstances, providing emotional and psychological help while connecting people with local support services in a timely way.

Referrals to MH Connex must be completed on a person's behalf by their GP

To be eligible for MH Connex, people must:

- Be aged 18 and over,
- Have severe / complex mental health needs,
- Live in the Perth Metropolitan Area

To refer people to MH Connex please sign and submit the completed form [along with your patient's mental health care plan] via fax to **(08) 9258 3090** or email it to **Intake@rw.org.au**

For further information, please visit our website **www.rw.org.au**, call us on **9350 8800** or email **intake@rw.org.au**



MH Connex referral Form

Referring Doctor:

Practitioner Name		Date	
Address		Postcode	
Phone		Email	
Fax		North PHN	South PHN

Preferred method of contact Email Phone call

Patient Details

First Name		Family Name	
Preferred Name		Date of Birth	
Address		Postcode	
Phone		Mobile	
Preferred contact (day/time)		Email	

ATSI Status: Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander

Gender

Female Male Non Binary Prefer not to disclose

[I/they] use another term (please specify):

Mobility / Sensory Impairment Yes No

Main language spoken **Interpreter required**

English Other: Yes No

Alternative Contact or Next of Kin

Name		Relationship	
Phone		Mobile	



MH Connex referral Form

Reason for Referral

Mental Health Care Plan Attached

90 Day GP review booked with patient

Primary Diagnosis

Secondary Diagnosis

Medications

Known Risks

Risk of suicide

Risk of harm to self

Risk of harm to others

Other Risks / Comments

Any attempts at suicide in the last 6 months?

Yes

No

If yes, please provide details of number/type of attempts.



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Reason for Referral (cont.)

History of self harm/ harm to others?

Yes

No

If yes, please provide details.

Patient Consent

I confirm that I have discussed this program with my patient, and that I have obtained their consent for this referral

I confirm they consent for voicemail to be left on contact numbers provided

I confirm I have discussed the option for de-identified data and they consent to their information being provided to the Department of Health to be used for statistical and evaluation purposes designed to improve mental health services in Australia. I have explained to the patient that this will include details about them such as date of birth, gender and types of services they use but will not include their name, address or Medicare number. I have explained that their information will not be provided to the Department of Health if they do not give their consent.

To submit please email completed form, along with required documents, to our Intake Officer at intake@rw.org.au or via fax to **(08) 9258 3090**

**Thank you for referring to MH Connex
We will be in touch after we have completed our assessment.**