



### Boab Mental Health Team Referral

- Mental Health Counselling**  Please attach DASS 21 or K10
- Grow Strong Live Long  
ATSI Suicide Prevention  
Counselling (Kimberley –wide)**  Please attach risk assessment information/K10
- ATAPS Suicide Prevention  
Counselling (Broome Only)**  Please attach risk assessment information/K10

### Referring Practitioner Details

Name: \_\_\_\_\_ Organisation \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone: \_\_\_\_\_ (wk) \_\_\_\_\_ (mobile) Fax: \_\_\_\_\_

Email \_\_\_\_\_ Referral Date: \_\_/\_\_/\_\_

Does your agency plan to have ongoing involvement with the client? Yes  No

If yes, please name the Key Worker currently involved in client care:

\_\_\_\_\_

### Client Details

Name: \_\_\_\_\_ Date of Birth: \_\_/\_\_/\_\_

Gender: Male  Female  Medicare No: \_\_\_\_\_

Postal Address: \_\_\_\_\_

#### (Appointments are conveyed to clients via post)

Residential Address: \_\_\_\_\_

Phone: (home) \_\_\_\_\_ (mobile) \_\_\_\_\_ (wk) \_\_\_\_\_

Carer Details &/or emergency contacts \_\_\_\_\_

\_\_\_\_\_

Other agencies involved in client care: \_\_\_\_\_

\_\_\_\_\_

Cultural Background: Aboriginal  Torres Strait Islander

Born overseas *please specify where* \_\_\_\_\_

### Reason for Referral

Presenting Issues: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A proud member of



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<b>Patient History</b> Please record any relevant psychological, & medical history (include issues re substance abuse)	
<b>Medications/Known Allergies</b> Provide details	
<b>Social History</b> List relevant factors including cultural factors	
<b>Family History</b> Provide details of any family history of mental disorders &/or relevant biological factors	
<b>Results of Mental State Examination</b> Record any results not in keeping with the norm	
<b>Risks and Safety</b> Note any associated risks of self harm &/or harm to others	
<b>Requested Service</b> What services/treatment do you anticipate we will provide?	
<b>Assessment/Outcome Tools</b> If any such tools have been used, attach a copy & comment on the results	K10: DASS 21: Edinburgh Post Natal Depression Scale: Risk Assessment Tool: (Copies can be downloaded from Boab Health Services web site or MMEX)

**Please FAX this form to (08) 9192 7999**

**Grow Strong Live Long ATSI suicide prevention counselling (Kimberley-Wide):** One of our clinicians will attempt to contact the client within 48 hours to discuss the referral. Please ensure you provide an assessment of risk and a completed K10 if possible.

**ATAPS Suicide Prevention Counselling:** This service will be available initially for Broome clients only. One of our clinicians will attempt to contact the client within 24 hours to discuss the referral.

**If you believe the client is in crisis, or requiring immediate assistance, please contact the Kimberley Mental Health Services in Broome 9194 2640, Derby 9193 3605 or Kununurra 9166 4350.**

Referrals for mental health counselling are attended to in order of receipt to the Boab Mental Health Team. On receipt of referral, referrers and clients will be sent a letter to inform them of the estimated wait time for commencement of a clinical service. Clinical responsibility lies with the referrer until a clinical service commences.

**If you wish to discuss this referral or interim alternative options available within the community please contact the Boab Mental Health Team:**

**West Kimberley (Broome): 9192 7888 and East Kimberley (Kununurra): 9168 2560**