REFERRAL FORM – RESIDENTIAL AGED CARE PSYCHOLOGY PROGRAM

Please provide as much information as possible and leave sections blank if not known.
Please complete both pages.

Date of Referral:	
Residential Aged Care Facility (RACF)	**Room no:**
Name of Resident:	
Date of Birth of Resident:	
Date of Admission:	
Reason for Admission to RACF:	
Reason for Referral: Please describe current concerns and any relevant background information: - Symptoms of mental illness - Onset (gradual or sudden) and duration of symptoms - Mental health history of resident and previous treatment - Drug and Alcohol use	
Please describe any risk issues: - Does the resident experience suicidal thoughts, or self-harm? - Does the resident have a suicidal plan or intent to act on these thoughts? - Is there any aggression towards others? - Past history of risk to self or others?	
PAS Cognitive Impairment Score(most recent): Cornell Depression Scale Score (most recent):	**Date completed:** **Date completed:**
Has the resident consented to the referral?	☐ Yes ☐ No

Have physical causes for behaviour change been ruled out (e.g. delirium, medication side effects)?	☐ Yes ☐ No
Does the resident have a formal diagnosis of dementia?	☐ Yes ☐ No
Is the resident currently receiving input from the Older People's Mental Health Service/ Dementia Support Australia?	☐ Yes ☐ No
Which staff member(s) know(s) the resident best?	
Does the resident identify as any of the following? Please specify: • Aboriginal • Torres Strait Islander • Culturally & Linguistically Diverse (CALD) • LGBTIQ	
Who is making this referral	☐ RACF staff ☐ GP
Key Contact Person(s) at RACF Name: Telephone: Email:	

Please obtain consent from the GP for provision of psychology services for this patient.

GP Name:	
GP Practice Name & Address:	
GP Telephone Number:	
GP Fax number:	
GP Signature / verbal consent:	

**** PLEASE ATTACH MEDICAL HISTORY – LIST OF MEDICAL CONDITIONS AND MEDICATIONS****
Please send the completed referral form to Hunter Primary Care Psychology Services – Residential Aged Care Program: mhintake@hunterprimarycare.com.au
If you have any questions, please contact the Clinical Manager (Aged Care) on (02) 4925 2259.