**MH&AS REFERRAL**

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| **FORWARD TO** |
| **Single Point of Entry Team**  **Phone:** 07 343-7756 ext 7991 **Fax:** 07 349-7883 **Email:** [MH&AS.singlepoint@lakesdhb.govt.nz](mailto:MH&AS.singlepoint@lakesdhb.govt.nz) |

**Date:**  29/01/2016 2:48:50 p.m.

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| **REFERRER INFORMATION** |
| **Referrer:**  **Organisation:**  **Address:**  **Phone:**  **Mobile:**  **Email:** |

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| **CONSENT** |
| **Consent obtained:** **Yes** **No**  **Consent to leave messages when not available? Home:** **Yes** **No**  **Mobile:** **Yes** **No**  **Consent to send correspondence?** **Yes** **No**  **Are family members aware of this referral?** **Yes** **No** |

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| **DEMOGRAPHIC INFORMATION** |
| **Gender:** **Female** **Male** **Prefer not to disclose**  **NHI:**  **DOB:**  **Surname:**  **Forename(s):**  **Address:**  **Phone:**  **Mobile:**  **Email:**  **Ethnicity:**  **Interpreter:** **No If yes, specify:** |

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| **FIRST CONTACT PERSON** (next of kin, parent, guardian, significant other) |
| **Consent to be involved:** **Yes** **No**  **Name:**  **Relationship:**  **Address:**  **Phone:**  **Mobile:**  **Email:** |

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| **SECOND CONTACT PERSON** (next of kin, parent, guardian, significant other) |
| **Consent to be involved:** **Yes** **No**  **Name:**  **Relationship:**  **Address:**  **Phone:**  **Mobile:**  **Email:** |

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| **GENERAL PRACTITIONER AND PHARMACY** |
| **GP:** Select general practitioner. **Specify:**  **Surgery:** Select surgery. **Specify:**  **Pharmacy:** Select pharmacy. **Specify:** |

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| **MENTAL HEALTH ACT STATUS** (applicable only to those under the Mental Health Act) |
| **Legal status:** **Informal** **Formal**  **Section(s):**  **Responsible clinician:** |

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| **Reason for referral:** |

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| **SITUATION**  (situation contributing to this referral, describe concerns and reasons for referral). | |
|  | **S** |
| **BACKGROUND**  (provide significant medical history. Family / home situation and social issues, include impression and formulation also attach a copy of medications). | |
|  | **B** |
| **ASSESSMENT**  (current mental state, include MSE and Risk) | |
|  | **A** |
| **RECOMMENDATIONS** (be specific about request and timeframe, make suggestions and clarify expectations i.e. date of discharge, expected dates). | |
|  | **R** |

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| **MENTAL HEALTH & ADDICTION SERVICE USE ONLY** |

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| **RESPONSE** (record intervention/s; include date, response, name and designation after each entry) | |
|  | **R** |