

Ramsay Clinic Adelaide GP Intake Referral

Thank you for your referral.

To progress the referral and match the patient with the most appropriate doctor and service, please complete the Referral Assessment Form.

Please note:

- Patient has private health insurance or third-party funding (i.e. WorkCover)
- Patient is 18 years or older
- No forensic, housing/placement, or acute medical concerns requiring attention
- Once admitted, the expected length of stay is usually approx. 3 weeks.

Our Referral Process

- The Intake Coordinator reviews each referral for suitability and works with psychiatrists to determine the best care pathway.
- It is preferred that the patient contact the intake team to discuss their referral and express their interest in admission however, if this step is not taken, the patient will be contacted by our team once their referral is received. For all inpatient detox referrals, the patient must contact the admission intake team to discuss their referral as a part of the first stages of committing to their recovery journey.
- We will notify the referrer if admission is not suitable.
- If a doctor or service is not immediately available, the patient will be waitlisted and provided regular admission updates.
- Once a suitable bed and program start date become available, our Intake Coordinator will promptly connect with the patient to confirm their admission details.

Admissions Team:

Our Intake Team is available 8:00 AM and 4:00 PM, Monday to Friday.

Please email all referrals to: admissions.TAC@ramsayhealth.com.au

GENERAL INFORMATION			
Patient Name:		Date of Birth:	Referral Date:
Referral to Service:	☐ Inpatient overnight admission ☐ Addition Program	☐ Elderly Services ☐ Health fund details	Fund: Member Number:
<i>Please note: All referrals for outpatient psychiatric care must addressed to the psychiatrist of choice and be emailed to: ConsultReception.TAC@ramsayhealth.com.au</i>			
Purpose of Referral:			
Recent Admissions: ☐ Yes ☐ No If yes details:			
COMPREHENSIVE MEDICAL HISTORY		DIAGNOSIS	
Attach additional pages if required.		(Please attach Mental State Assessment, and Risk Assessment, attach additional pages if required.)	
ADDITION PROGRAM ONLY - please note, we are currently only accepting alcohol detox referrals			
(Amount consumed and frequency, attach additional pages if required.)			
Main substance the patient is seeking withdrawal from:			
Drinking history			
What does the patient drink?		How much does the patient drink?	
How often do they drink?		How long at this level?	
Previous withdrawal/detox admissions			
Previous admission for withdrawal/detox? ☐ Hospital ☐ DASSA ☐ Ramsay ☐ At home ☐ None			
Number of such admissions in the last 5 years?		Details of prior admission - when and where?	
Outcome of previous detoxification:		Any complications:	
MANDATORY SAFETY ASSESSMENT (If YES provide details.)			
Suicide attempts or Self-Harm: ☐ Yes ☐ No		Substance Abuse: ☐ Yes ☐ No	
Legal Action Past/Pending: ☐ Yes ☐ No		Recent Fall: ☐ Yes ☐ No	
Prior convictions: ☐ Yes ☐ No		Seizure Risk: ☐ Yes ☐ No	
History of Violence: ☐ Yes ☐ No		Independent: ☐ Yes ☐ No	
Other Current or Potential Risk Factors:			
CURRENT CARE TEAM: Other providers involved with the patient's care (e.g. Community Psychiatrist, GP, Psychologist, Dietician, Outreach, NDIS)			
PRIOR TREATMENTS:		CURRENT MEDICATIONS	
		Attach additional pages if required.	
PATHOLOGY		Please attach most recent blood test results ☐ Yes ☐ No	
DOCTOR NAME (PRINT):		Provider No.	
DOCTOR SIGNATURE:		Date:	
I acknowledge that the referring GP remains responsible for the patient's ongoing care before admission and following discharge. The admitting psychiatrist provides care during the admission episode only		Acknowledgment Signature:	

Reset Form