Ramsay Clinic Beleura

Adult Mental Health Services

Referral Form



Send completed referrals to: Fax: (03) 5974 0680 | Email: intake.bel@ramsayhealth.com.au

Referrer Information:

Date of Referral: Referrer Name: Referrer Title:

Provider Number: Phone: Fax:

Practice Details :

Signature:

Patient Information

Name: Phone:

D.O.B: Email:

Address: Postcode:

Health Fund: Membership No:

Previous Ramsay Clinic Beleura Patient: ☐ Yes ☐ No

Reason for Referral

Recent history, diagnosis, (*Please attach Mental State Assessment, and Risk Assessment, Edinburgh Screening Tool*)

Type of Admission: ☐ Inpatient ☐ Day Patient

Current Management / Discharge Plan (current issues to be addressed, level of support)

Current Medications (current medication summary can be attached to referral)

Mandatory Safety Assessment		Date Completed:	
Suicidal ideation or self-harm	☐ Yes / ☐ No	Falls risk	☐ Yes / ☐ No
History of disordered eating	☐ Yes / ☐ No	Recent Fall	☐ Yes / ☐ No
Legal action past/pending	☐ Yes / ☐ No	Ambulant	☐ Yes / ☐ No
Physical and/or cognitive issues	☐ Yes / ☐ No	Independent	☐ Yes / ☐ No
History of violence / aggressive behaviour	☐ Yes / ☐ No	Continent	☐ Yes / ☐ No
Substance Abuse	☐ Yes / ☐ No		

Ramsay Clinic Beleura
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People caring for people

Ramsay Mental Health