

Mental Health Services

Referral Form



Adult mental health referrals: 03 9210 3225

Please Indicate service required: ☐ Adult Mental Health

Patient Information:

Name:

Address:

Contact Number:

Reason for Referral

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

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

Current Medications

Signed:

Referring Psychiatrist / GP

Provider Number:

Print name:

Date:

Funding Details

Health Fund:

Membership Number:

Self-funding:

Other (TAC/Workcover):

Mitcham Private Hospital

27 Doncaster East Road, Mitcham VIC 3132

Ph: 03 9210 3222

ramsaymentalhealth.com.au

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Ramsay
Mental Health