Ramsay Clinic Hollywood

Mental Health Services

Referral Form

Adult mental health referrals Fax: 08 9346 6829

Referrer Name: _____ **Referrer Phone Number:** _____

Patient Information:

Name: _____ Phone: _____

D.O.B: _____ Email: _____

Address: _____ Postcode: _____

Health Fund: _____ Membership No: _____ Excess/Co Pay: _____

Previous Ramsay Clinic Hollywood patient: ☐ Yes ☐ No

Referrer Information:

Referrers title: _____ Provider number: _____ Fax number: _____

Practice details : _____

Signature: _____

Reason for Referral: Inpatient

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

Reason for Referral: Day Program

☐ Trauma Recovery (Military) ☐ Alcohol / Substance Use ☐ Mood & Anxiety ☐ DBT ☐ Seniors

☐ Trauma Recovery (Non Military) ☐ Eating Disorder Day ☐ Binge Eating Disorder Program ☐ Art Therapy

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

Current Medications

Mandatory Safety Assessment | Date Completed:

Suicide attempts or Self-Harm: ☐ Yes / ☐ No

Legal Action Past/Pending: ☐ Yes / ☐ No

History of Violence: ☐ Yes / ☐ No

Substance Abuse: ☐ Yes / ☐ No

Recent Fall: ☐ Yes / ☐ No Ambulant: ☐ Yes / ☐ No Independent: ☐ Yes / ☐ No Continent: ☐ Yes / ☐ No

Ramsay Clinic Hollywood
Entrance 5, 95 Monash Avenue, Nedlands WA 6009
Ph: 08 9346 6803
ramsay**mentalhealth**.com.au

Peoplecaringforpeople

Please email the completed form to thcbookings.hph@ramsayhealth.com.au

Print Form

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Ramsay Mental Health

MR0031804 RCH Mental Health Referral Form