To Be Eligible The Client Must Meet All Three Criteria Below		
1. Must be financially disadvantaged (e.g. Health Care Card or unemployed) or not have access to alternative care	*2. Experiencing a mild to moderate mental health illness*	*3. Currently not in crisis or in need of urgent assistance*
A GP MENTAL HEALTH CARE PLAN IS NOT REQUIRED FOR THIS PROGRAM		
REFERRAL WILL NOT BE ACCEPTED IF ALL INFORMATION IS NOT COMPLETED		

Client Details		
Pension Card / HCC No:	Client Address: *(If physical address is different from Postal address please supply both)*	
NDIS Participant: ☐ Yes ☐ No		
Client Surname:		
Client First Name:		
D.O.B:		
☎:	Email:	
Parent/Guardian Name (if under 16):		Ph:
Court Orders: Yes or No	NoK:	Ph:

IMPORTANT: Please complete the following questions				
Do you identify as:	☐ Aboriginal	☐ Torres Strait Islander	☐ Both	☐ Neither
Gender:	☐ Male	☐ Female	☐ X (Indeterminate/Intersex/Unspecified)	
Type of employment?	☐ Unemployed	☐ Full-time	☐ Part-time	☐ Not in Labour Force
Source of income?		Mental Health Care Plan?	☐ Yes	☐ No
Homelessness?	☐ No	☐ Short-term emergency	☐ Sleeping rough	
Marital Status?	☐ Widowed	☐ Married/defacto	☐ Never Married	☐ Divorced/Separated
Country of Birth?		Perinatal?	☐ Yes	☐ No
Main language spoken at home?		☐ English only	☐ Other – please state:	
How well does this person speak English?	☐ Very well	☐ Well	☐ Not well	☐ Not at all

Referrer Details		
Name:	Ph:	Fax:
Practice/Organisation:	Address:	
Date:	Any other agencies involved?	

Reason for Referral

Amity Health Mental Health Portal is funded by Department of Health through **WAPHA** (Western Australia Primary Health Alliance)

K10 +	None of the time	A little of the time	Some of the time	Most of the time	All of the Time
1. In the last four weeks, about how often did you feel tired out for no good reason?	1	2	3	4	5
2. In the last four weeks, about how often did you feel nervous?	1	2	3	4	5
3. In the last four weeks, about how often did you feel so nervous that nothing could calm you down?	1	2	3	4	5
4. In the last four weeks, about how often did you feel hopeless?	1	2	3	4	5
5. In the last four weeks, about how often did you feel restless or fidgety?	1	2	3	4	5
6. In the last four weeks, about how often did you feel so restless you could not sit still?	1	2	3	4	5
7. In the last four weeks, about how often did you feel depressed?	1	2	3	4	5
8. In the last four weeks, about how often did you feel that everything was an effort?	1	2	3	4	5
9. In the last four weeks, about how often did you feel so sad that nothing could cheer you up?	1	2	3	4	5
10. In the last four weeks, about how often did you feel worthless?	1	2	3	4	5
TOTAL OUT OF 50					

The next few questions are about how these feelings have affected you in the last four weeks. You need not answer these questions if you answered **"NONE OF THE TIME"** to all of the ten questions about your feelings.					
11. In the last four weeks, how many days were you TOTALLY UNABLE to work, study or manage your day to day activities because of these feelings?					
12. [Aside from those days], in the last four weeks, HOW MANY DAYS were you ABLE to work, study or manage your day to day activities but had to CUT DOWN on what you did because of these feelings?					
13. In the last four weeks, how times have you seen a doctor or any other health professional about these feelings?					
14. In the last four weeks, how often have physical health problems been the main cause of these feelings?	1	2	3	4	5

Consent	
☐ I have discussed this referral with the client and the client consents to being referred to Amity Health Mental Health Portal	
Referrer Signature:	Date:

PLEASE PROVIDE YOUR CLIENT A COPY OF THIS REFERRAL

Please FAX this referral form to Amity Health on: 08 9842 2798
or for enquiries
please contact the Amity Health Mental Health Portal on PH: 08 9842 2797

Information for Client

Amity Health will contact you via letter, once you have received it, please contact Amity Health on PH: 08 9842 2797 to book an appointment

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