

REFERRAL FORM
DEPARTMENT OF PSYCHOLOGICAL MEDICINE

Attach Patient Label

New referrals are not required if patient is already known to Psychological Medicine for current pregnancy/illness, however, please notify us of admission via email: kemh.psychmedtriage@health.wa.gov.au. For NEW & URGENT outpatient or same-day inpatient reviews after 8 am, please contact the Triage Nurse (08) 6458 1521. FAX referral to (08) 6458 1111 or SCAN referral and send to the above email.

Patient Consent

I agree to this referral to Psychological Medicine and am aware that at any stage I can withdraw this consent

Signature: _____

Print name: _____ Date: _____

Referral from: Obstetrics AN / PN EDD: _____ G _____ P _____ Gynaecology Oncology Urology

Ward: _____ Team: _____

Interpreter required? Yes/No Language: _____ Aboriginal/Torres Strait Islander? Yes/No ABLO aware? Yes/No

Brief summary of relevant Obstetric/Gynaecological clinical history including previous birth trauma, perinatal loss or post-natal depression, pelvic pain, medical complications OR any other major concerns or comments

A past history of Anxiety and/or Depression does not automatically require referral. The EPDS, including Q10 response and PASS are screening tools and should be used to prompt further investigation regarding the patient's current presentation. Consider contacting Pastoral Care or organise GP follow-up for patients not meeting criteria for referral to KEMH mental health services.

Mental Health History:

- Current medications: _____
- Past/Current mental health diagnoses: .
- Previous/Current Psychologist/Psychiatrist/GP MHCP EPDS score: _____ Q10: 0 1 2 3 (circle)
- Previous Psychiatric Hospitalisation PASS score: _____ ≥ 26? file in chart + sendcopy with referral
- Suicidal thoughts/self- harm

Other relevant medical history:

Concerns with baby? (ie baby's health or relationship with baby) : _____

Current mental health presentation: Select all relevant to this patient from your history and observations

Depression

- Persistent low mood/loss of pleasure
- Suicidal ideation/intent
- Mood swings
- Withdrawn
- Disturbed sleeping/eating habits

Anxiety

- Panic attacks
- Excessive worrying
- Severe phobias, (eg Childbirth, needles, blood)
- Other anxiety symptoms

Other specific mental state concerns

- Psychosis: Hallucinations/Delusions
- Mood disturbance: Manic, Agitated, Irritable
- Thought disordered
- Bizarre/ Abnormal behaviours

Impact on Current Function

- Mild:** can perform necessary cares for self and others as required_
- Moderate:** Difficulty with daily tasks, requires help or prompting to complete
- Severe:** Significant impact on current health, requires assistance in most areas of daily task

URGENCY

- Emergency:** Acute psychosis/suicidal – **contact Triage Nurse & A/Hours Psych Reg through switchboard**
- Moderately urgent :** Pt is stable, but has moderate to severe impact on function.
- Routine:** Pt is stable, no psychiatric symptoms requiring inpatient treatment. Will be contacted by Triage for an OP appt

Primary support person: _____ Relationship to patient: _____

Referrer Name (print): _____ Designation & Team: _____

Signature: _____ Date: _____

PLEASE NOTE: Unless a patient is behaving in such a way that you have significant concerns for their mental health state, then you cannot proceed with this referral without signed informed consent. In a patient this unwell contact Triage Nurse immediately to discuss case, if afterhours contact the Psych On-Call via switchboard. Department of Psychological Medicine at KEMH is for the provision of specialised mental health care to KEMH patients. This care extends for up to 6 months post clinic attendance or discharge from hospital.

Triage Nurse Comments: _____