

**WNHS, King Edward Memorial Hospital**  
**REFERRAL FORM**  
 DEPARTMENT OF PSYCHOLOGICAL MEDICINE

NAME: .....  
 UMRN: ..... DOB: .....

Attach Patient Label

**NON-OBSTETRIC PATIENT**  
 Turn over page for Obstetric referral

For **URGENT** referrals, please call Triage Nurse (81521) OR A/H Psychiatry via Switch.

All other referrals may be faxed or scanned and emailed.

Email: WNHS, WHGMH, Psych Medicine - Triage (Global)  
 Fax: 6458 1111  
 Phone: 6458 1521

**Patient Consent**

All new referrals must be fully discussed with patient and consent obtained, except in the case of increased risk. Please seek written consent:

Patient Signature: .....

Verbal Consent: .....

Patient Phone Number: ..... Date: .....

Referral from: Gynae/Urology  Oncology  Mesh  Pain   
 Clinic/Ward: .....  
 Interpreter required? **Y / N** Language: ..... Aboriginal/Torres Strait Islander? **Y / N** ABLO aware? **Y / N**

**Brief summary** of relevant clinical history including medical formulation/diagnosis, summary of treatment plan & services, medical complications OR any other major concerns or comments

*Supportive counselling can be arranged with Pastoral Care or with GP as follow-up for patients who are not currently presenting with mental health concerns, even if they have a mental health history.*

**Health / Mental Health History:**

Current medications: ..... Distress Thermometer Score: .....  
 Past/Current mental health issues: ..... Social/Emotional Issues Identified: .....  
 Suicidal thoughts/self-harm: .....  
 Relevant medical history: .....

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

**Depression**

- Persistent low mood/loss of interest
- Excessive Sadness/Grief
- Mood swings
- Disturbed sleeping/eating habits
- Suicidal ideation/intent
- Other mental health symptoms: .....

**Anxiety**

- Panic attacks
- Excessive worry
- Severe phobias (e.g. needles/blood)
- Avoidant coping/treatment refuse
- Other anxiety symptoms

**Other specific concerns**

- Impact on sexuality
- Mood disturbed: Manic, Agitated/Irritable
- Thought disordered
- Bizarre/ Abnormal behaviours
- Psychosis: Hallucinations/Delusions

- Emergency Referrals:** contact Triage Nurse (81521) OR A/Hours Psychiatry via switchboard  
(i.e. Acute psychosis/suicidal.)
- Moderately urgent Referrals:** contact Triage Nurse (81521) AND email/fax through referral form  
(i.e. Pt is stable, but has moderate to severe impact on function.)
- Routine Referrals:** Email/Fax/Mail through referral form – Patient will be contacted by Triage for an Outpatient appointment  
(i.e. Pt is stable, no psychiatric symptoms requiring urgent treatment.)

Referrer Name (print): ..... Role: .....

Signature: ..... Date: .....

OFFICE USE: .....

The 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.

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OBSTETRIC PATIENT

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Verbal Consent: .....

Patient Phone Number: ..... Date: .....

Referral from: Obstetrics [ ] Clinic/Ward: ..... GA/EDD: ..... G..... P.....

Interpreter required? Y / N Language: ..... Aboriginal/Torres Strait Islander? Y / N ABLO aware? Y / N

Brief summary of relevant clinical history including medical formulation/diagnosis, summary of treatment plan & services, medical complications OR any other major concerns or comments

Supportive counselling can be arranged with Pastoral Care or with GP as follow-up for patients who are not currently presenting with mental health concerns, even if they have a mental health history.

Health / Mental Health History:

Current medications: .....

EPDS: ..... Q10: 0 1 2 3 (circle)

Past/Current mental health issues: .....

PASS Score: .....

Suicidal thoughts/self-harm: .....

ANRQ Score: .....

Relevant medical history: .....

ANRQ Risks: .....

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

Depression

Anxiety

Other specific concerns

[ ] Persistent low mood/loss of interest

[ ] Panic attacks

[ ] Psychosis: Hallucinations/Delusions

[ ] Withdrawn

[ ] Excessive worry

[ ] Mood disturbed: Manic, Agitated/Irritable

[ ] Mood swings

[ ] Severe phobias (e.g. needles/blood/childbirth)

[ ] Thought disordered

[ ] Disturbed sleeping/eating habits

[ ] Other anxiety symptoms

[ ] Bizarre/ Abnormal behaviours

[ ] Suicidal ideation/intent

[ ] Other mental health symptoms: .....

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(i.e. Pt is stable, no psychiatric symptoms requiring inpatient treatment.)

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Signature: ..... Date: .....

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