



## Head to Health Service Navigation services (General Practice Version 3.0 January 2023)

For support completing this referral form:

- Refer to HealthPathways  
[Central Queensland](#) | [Wide Bay](#) | [Sunshine Coast](#)
- Call PHN Head to Health on: 1800 595 212
- Email [headtohealth@c2coast.org.au](mailto:headtohealth@c2coast.org.au)

**ONLY** send referrals via Medical Objects  
 MENTAL HEALTH CQ PHN  
 (PC4558000B1)  
**OR**  
 via fax to 1300 787 494

For diagnostic and management advice:

- Call the GP Psychiatry Support Line on 1800 161 718

### IMPORTANT REFERRAL INFORMATION

I understand Head to Health no longer requires a GP referral to access Head to Health funded psychological therapies. Patients can self-refer by calling 1800 595 212. PHN continues to accept referrals from GPs. GPs can also refer direct to PHN funded providers.

I understand that Head to Health is NOT a crisis service. Our operating hours are Monday to Friday 8.30am -5.00pm, Patients in crisis should be referred to the local Acute Care Team by calling 1300 MH CALL, or if an emergency, dial 000.

I understand patients can self-refer by calling Head to Health on 1800 595 212 and will be assessed where appropriate using the Initial Assessment and Referral Decision Support Tool (IAR DST). <https://iar-dst.online/#/>

NOTE: For Clients at risk of accepting a call from Head to Health (eg. Domestic and Family Violence clients). Consider advising the client to call 1800 595 212 at an appropriate time or direct refer to a service provider.

Referrals to Head to Health funded low intensity and psychological therapy services are only available for underserved groups (refer to HPW). Head to Health may suggest Better Access in some cases.

### Referrer Details

Referrer name*		Date of referral*	
Name of referring company*		Referring Provider number	
Referrer position/profession*		Referrer phone*	
Referrer email		Referrer fax	

Referrer address*	
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## Client Consent & Basic Client Demographics

Has consent been given for referral?\*  Client consent  Guardian consent  No (do not proceed)

If under 18, but mature minor, can referral be discussed with guardian?\*  Yes  No  N/A (>18)

Is it OK for the Head to Health to contact the client/guardian, if required?  Call  SMS  Do not contact

Has the client been advised a Head to Health team member will call them from a 'NO CALLER ID' to discuss their referral details?  Yes  No

Client Name*				
Date of Birth*			Gender*	
Indigenous identity (tick relevant) *	Aboriginal but not Torres Strait Islander <input type="checkbox"/>	Both Aboriginal and Torres Strait Islander <input type="checkbox"/>	Torres Strait Islander but not Aboriginal <input type="checkbox"/>	Neither Aboriginal or Torres Strait Islander <input type="checkbox"/>
Country of birth*				
Preferred Language		Interpreter required?		
Medication				
Relevant Co-morbidities/ medical history				
Substance use				

## Other Client Demographics (used to determine eligibility for psychological therapies) NB - these fields are required to determine eligibility for psychological therapies

GP MH Treatment Plan*	<input type="checkbox"/> Completed	<input type="checkbox"/> Not completed	<input type="checkbox"/> Unknown
Employment	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Employed part-time	<input type="checkbox"/> Employed full-time
Source of income*	<input type="checkbox"/> Paid employment	<input type="checkbox"/> Disability Support Pension	<input type="checkbox"/> Other Pension or Benefit
	<input type="checkbox"/> Nil income	<input type="checkbox"/> Other Pension (eg Newstart)	<input type="checkbox"/> Other (eg. Superannuation, investments etc)
	<input type="checkbox"/> N/A Child aged less than 16 years	<input type="checkbox"/> Compensation Payments	<input type="checkbox"/> Not known
Homelessness*	<input type="checkbox"/> Sleeping rough	<input type="checkbox"/> Emergency accommodation	<input type="checkbox"/> Not homeless
NDIS and support coordination*	<input type="checkbox"/> NDIS with support coordination	<input type="checkbox"/> NDIS without support coordination	<input type="checkbox"/> No NDIS package
Financial disadvantage* (e.g. can they afford a gap payment at this time)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If applicable, provide concession card no.

Rural / remote (MMM4-7)* (See <a href="#">search tool</a> to check)	<input type="checkbox"/> Rural or remote	<input type="checkbox"/> Not rural or remote	<input type="checkbox"/> Unknown
Culturally and Linguistically Diverse (CALD)*	<input type="checkbox"/> Yes CALD	<input type="checkbox"/> Not CALD	<input type="checkbox"/> Unknown
LGBTIQ+*	<input type="checkbox"/> Yes LGBTIQ+	<input type="checkbox"/> Not LGBTIQ+	<input type="checkbox"/> Unknown
Perinatal depression*	<input type="checkbox"/> Yes	<input type="checkbox"/> No or N/A	<input type="checkbox"/> Unknown
Domestic/family violence	<input type="checkbox"/> Affected by DFV	<input type="checkbox"/> Perpetrator DFV	<input type="checkbox"/> No known DFV
Private health insurance	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Has used Better Access in last 12 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

## Client Contact Details

Address				
		Suburb*		Postcode
Client contact	Mobile*			Home
	Email			
Parent/ Guardian contact	Mobile or home*		Name*	
	Email			

## Referral Information

What support do you believe this person requires?\*

- Low intensity mental health support (e.g. 6 telephone coaching sessions)
- Moderate intensity (e.g. 6 face-to-face psychology appointments)
- Care coordination for severe and complex mental health conditions
- Aboriginal or Torres Strait Islander peoples-specific mental health support
- Youth specific Care Coordination (12 - 25 years)

**Reason for referral** (please fill in as much details as possible) \*

## Risk Information

The below section is based on the [Initial Assessment and Referral national guidance](#).

It is a provisional assessment only and aims to inform the most appropriate response and/or referral. For more information on suicide risk assessment, refer to HealthPathways Suicide Prevention page.

### Suicidality\*

- 0 = No risk
- 1 = Low risk (e.g., no current suicidal ideation; some past ideation)
- 2 = Moderate risk (e.g., current suicidal ideation, without plan or intent)
- 3 = High risk (e.g., current ideation with intent; history of attempts; some protective factors)
- 4 = Extreme risk (e.g., current suicidal intention with plan and means to carry out)

### Self-harm (non-suicidal self-injurious behaviour) \*

- 0 = No risk
- 1 = Low risk (e.g., risk of harm to self, or occasional self-harm recently)
- 2 = Moderate risk (e.g., frequent self-harm recently, non life-threatening harm to self)
- 3 = High risk (e.g., frequent self-harm recently, recent life-threatening harm to self)
- 4 = Extreme risk (e.g., repeated life-threatening self-harm, or imminent risk to self)

### Risk of harm to others\*

- 0 = No risk
- 1 = Low risk (e.g., past behaviours that posed a risk to others)
- 2 = Moderate risk (e.g., recent behaviours that pose non-life-threatening risk to others)
- 3 = High risk (e.g., recent life-threatening risk to others)
- 4 = Extreme risk (e.g., recent behaviour that poses an imminent danger to others)

If moderate risk or greater in any category, please add comments below and consider if this referral is more suitable to the Acute Care Team (Phone ACT on 1300 64 2255 to discuss)

Has a safety plan been completed with the client?

- Yes - if yes, attach if possible  No

Has the client ever been hospitalised due to their mental health?

- Yes - if yes, date of most recent admission:  No

## Assessments

Please indicate the score of any assessments undertaken

	Kessler Psychological Distress Scale (K10+)
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	Kessler 5 Psychological Distress Scale (K5 - for Aboriginal and Torres Strait Islander people)
	Suicidal Ideation Attributes Scale (SIDAS)
	Depression, Anxiety and Stress Scale (DASS-21)
	Other – please specify

## GP Mental Health Treatment Plan

*NB a GP Mental Health Treatment Plan is not required for a referral to Head to Health, however it may be a requirement of the service to which the consumer is on-referred (e.g., if Better Access is identified as the best option)*