



West Moreton-Oxley Medical Local Mind Health and Wellbeing Referral - ATAPS

(Hand written)

GPs who have completed Mental Health Skills Training: 2715 (at least 20mins)
2717 (at least 40 mins)

GPs who have not completed Mental Health Skills Training: 2700 (at least 20 mins)
2701 (at least 40 mins)

Complete the Mind Health and Wellbeing Child ATAPS Referral Form for children under the age of 12 years.

Referring Doctor Details	
Referring Doctor:	Practice Name:
Practice Address:	Phone:
Postcode:	Fax:
Provider Number:	Date of Referral:
Patient Details	
Name:	Date of Birth:
Address:	Age:
Postcode:	Gender:
Home Phone:	Mobile Phone:
Medicare Number:	Has information about the program been provided? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency contact name and details:	
Medication List and Allergies:	

Minimum Data Set Information		
Is the person of Aboriginal or Torres Strait Islander Origin? <input type="checkbox"/> No <input type="checkbox"/> Yes (Aboriginal) <input type="checkbox"/> Yes (Torres Strait Islander) <input type="checkbox"/> Yes (Aboriginal and Torres Strait Islander) <input type="checkbox"/> Unknown	Does the person identify as LGBTI? (Lesbian, Gay, Bisexual, Transgender, Intersex) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown / Withheld	Does the person speak a language other than English at home? <input type="checkbox"/> No <input type="checkbox"/> Cantonese <input type="checkbox"/> Italian <input type="checkbox"/> Greek <input type="checkbox"/> Arabic <input type="checkbox"/> Vietnamese <input type="checkbox"/> Mandarin <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify):
How well does the person speak English? <input type="checkbox"/> Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/> Unknown <input type="checkbox"/> Interpreter required	Highest level of education completed: <input type="checkbox"/> Primary or below <input type="checkbox"/> Year 8,9 or 10 <input type="checkbox"/> Year 11 <input type="checkbox"/> Year 12 <input type="checkbox"/> Tertiary	Is the person a low-income earner? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown

Does the person live on his or her own? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Was the person affected by the 2011/2013 floods? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Is the person pregnant or given birth within the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
---	--	---

Minimum Data Set Information

Kessler (K10) Score: Optional - Edinburgh Score: DASS Score: GAF/CGAS Score: Strengths & Difficulties Questionnaire:	Has the person ever received specialist mental health care before? (eg, public, private, medical, allied health) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown	Receiving Psychotropic Medication (tick all that apply)? <input type="checkbox"/> None <input type="checkbox"/> Benzodiazepines & Anxiolytics <input type="checkbox"/> Anti-depressants <input type="checkbox"/> Phenothiazines & Major Tranquilisers <input type="checkbox"/> Mood Stabilisers <input type="checkbox"/> Other
Primary diagnosis (tick all that apply) <input type="checkbox"/> No formal diagnosis <input type="checkbox"/> Unknown disorder <input type="checkbox"/> Alcohol / Drug Use Disorder <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Depressive disorders <input type="checkbox"/> Anxiety disorders <input type="checkbox"/> Unexplained Somatic Disorders <input type="checkbox"/> Peri-natal Depression <input type="checkbox"/> Other (specify)	Other presenting issues (tick all that apply)? <input type="checkbox"/> Alcohol / drug use <input type="checkbox"/> Self injurious behaviour <input type="checkbox"/> Domestic violence <input type="checkbox"/> Corrective Services history <input type="checkbox"/> Torture history <input type="checkbox"/> Trauma history <input type="checkbox"/> Sexual disorders <input type="checkbox"/> Sleep disorder <input type="checkbox"/> Bereavement <input type="checkbox"/> Homelessness/ at risk of <input type="checkbox"/> Other	Referred for which strategies (tick all that apply)? <input type="checkbox"/> Diagnostic Assessment <input type="checkbox"/> Psycho-education <input type="checkbox"/> Interpersonal Therapy <input type="checkbox"/> Narrative Therapy <input type="checkbox"/> Cognitive Intervention <input type="checkbox"/> Behavioural Intervention <input type="checkbox"/> Relaxation Strategies <input type="checkbox"/> Skills Training <input type="checkbox"/> Other CBT Interventions (specify)
Any known issues that may put the Mental Health Professional or others at risk?: <input type="checkbox"/> No <input type="checkbox"/> Yes		
Suicide Risk Assessment: If the risk is immediate contact the Acute Care Team, Ipswich 1800 675 357 or Ipswich Hospital 3810 1111 or Princess Alexandra Hospital Acute Care 1300 858 998 <input type="checkbox"/> High <input type="checkbox"/> Moderate (Plan, ambivalent) <input type="checkbox"/> Low (Suicide ideation) <input type="checkbox"/> Previous attempt <input type="checkbox"/> Risk of non-suicidal self harm <input type="checkbox"/> Other		

Mental Status Examination

Appearance and General Behaviour	<input type="checkbox"/> Normal <input type="checkbox"/> Other Details:	Mood <input type="checkbox"/> Depressed <input type="checkbox"/> Labile <input type="checkbox"/> Anhedonia <input type="checkbox"/> Irritability <input type="checkbox"/> Mania
Thinking (Content/Rate/Disturbances)	<input type="checkbox"/> Normal <input type="checkbox"/> Other Details:	Affect <input type="checkbox"/> Normal <input type="checkbox"/> Flat <input type="checkbox"/> Blunted <input type="checkbox"/> Heightened Details:
Perception (Hallucinations – visual or auditory etc)	<input type="checkbox"/> Normal <input type="checkbox"/> Other Details:	Sleep <input type="checkbox"/> Normal sleep <input type="checkbox"/> Oversleeping <input type="checkbox"/> Initial Insomnia <input type="checkbox"/> Frequent Night Waking Details:

Cognition (Level of consciousness/ delirium/ intelligence)	<input type="checkbox"/> Normal <input type="checkbox"/> Other Details:	Appetite (Disturbed Eating Patterns)	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Attention & Concentration	<input type="checkbox"/> Normal <input type="checkbox"/> Other Details:	Motivation & Energy <input type="checkbox"/> High <input type="checkbox"/> Low <input type="checkbox"/> Normal	Details:
Memory (Short & Long Term)	<input type="checkbox"/> Normal <input type="checkbox"/> Other Details:	Judgement (Ability to make rational decisions)	<input type="checkbox"/> Normal <input type="checkbox"/> Other Details:
Insight	<input type="checkbox"/> Normal <input type="checkbox"/> Other Details:	Anxiety Symptoms (Physical & Emotional)	<input type="checkbox"/> Yes <input type="checkbox"/> No Details:
Orientation (Time / Place / Person)	<input type="checkbox"/> Normal <input type="checkbox"/> Other Details:	Speech (Volume / Rate / Content)	<input type="checkbox"/> Normal <input type="checkbox"/> Other Details:

Please complete this page or attach a Mental Health Treatment Plan

Family History

Presenting Issues

Relevant History

Past Mental Health Issues

Other Significant Issues

Kessler (K10) Assessment

Please place an X in the correct box.

Questions 3 and 6 are not asked if the answer to the preceding question was 'none of the time' in which case questions 3 and 6 would automatically receive a score of one.

In the past 4 weeks	1 None of the time	2 A little of the time	3 Some of the time	4 Most of the time	5 All of the time
1) About how often did you feel tired out for no good reason					
2) About how often did you feel nervous?					
3) About how often did you feel so nervous that nothing could calm you down?					
4) About how often did you feel hopeless?					
5) About how often did you feel restless or fidgety?					
6) About how often did you feel so restless you could not sit still?					
7) About how often did you feel depressed?					
8) About how often did you feel that everything was an effort?					
9) About how often did you feel that everything was an effort?					
10) About how often did you feel worthless?					

Score: _____

The maximum score is 50 indicating severe distress and the minimum score is 10 indicating no distress.

Mental Health Care Plan

Formulation – Main Problem / Diagnosis

Goals	Recommended Interventions

--	--

Referrals

Fax referral to: 07 3470 5658 **Secure message referral to:** ataps@westmoretonoxley.com.au

For more information on the Mind Health and Wellbeing ATAPS Program, contact: 3381 1831 or 0409 868 854.

Crisis / Relapse Prevention Plan Discussed:
Details:

Was a copy of the plan given to the patient? Yes No

Record of Patient Consent

Indicate who is consenting to collection, use, and disclosure of personal health information.

Patient is consenting – adult patient: Yes No

Patient is consenting – child / adolescent patient: Yes No
(patient / guardian consent has not been sought):

Patient’s guardian consent has been gained – child / adolescent patient: Yes No

I agree to information about my name, date of birth and mental health and wellbeing status being collected, used and disclosed to West Moreton-Oxley Medical Local, Artius Health and the health provider(s) to whom I am referred to assist in the management of my health care.

I am also aware that statistical information (that will be de-identified / will not identify me) is being collected and used to assist in improving this program, and I agree to this de-identified information being collected and shared.

Patient Name: _____ Date: _____

Patient Signature: _____

Parent / Legal Guardian Name: _____ Date: _____

Parent / Legal Guardian Signature: _____

Second Parent / Guardian Name (if available): _____

Second Parent / Guardian Signature (if available): _____ Date: _____

West Moreton-Oxley Medicare Local is committed to providing you with the highest levels of confidentiality and customer service and this includes protecting your privacy. West Moreton-Oxley Medicare Local and subcontracted agencies and providers are bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000, which set out a number of principles concerning the protection of your personal information.

Additional Information

The ATAPS Program is part of the West Moreton-Oxley Medicare Local's Mind Health and Wellbeing Program. In the West Moreton-Oxley Medicare Local region Artius Health and Mental Health Providers are contracted to deliver the program. Your doctor / GP has referred you to the ATAPS Program to access Focussed Psychological Services for a mental health concern. Participation in ATAPS will require your GP to provide some background information about you to the mental health provider and upon completion of the treatment your mental health provider will provide a report to your GP about your treatment. This information will be securely transferred by West Moreton-Oxley Medicare Local to Artius Health who are a health service provider used by West Moreton-Oxley Medicare Local to manage new referrals to the ATAPS program. West Moreton-Oxley Medicare Local and Artius Health will manage your information in accordance with the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000 and their policies and procedures.

Participation in the ATAPS program requires the above personal and health information being used by West Moreton-Oxley Medicare Local and Artius Health to assess whether the ATAPS Program is meeting its aim. Participation in the ATAPS program also requires that some information will also be provided to the Australian Government's Department of Health and Ageing, who are funding this program however, your name and all other identifiable information will not be passed on.

For the purpose of program evaluation, some of your personal information will also be used by the West Moreton-Oxley Medicare Local who manage the program funding by the Australian Government Department of Health and Ageing to deliver the ATAPS program within the West Moreton-Oxley region. This information will include your name and date of birth as well as information about the type of mental health concern you are experiencing.

West Moreton-Oxley Medicare Local's policy below outlines the collection and management of client information and asks your consent to the collection and sharing of information between your GP, Artius Health, West Moreton-Oxley Medicare Local, contracted Mental Health Providers and the Australian Government's Department of Health and Ageing.

Collection of information

As part of the ATAPS Program, West Moreton-Oxley Medicare Local needs to collect information about you that is relevant to the service provided. This information is held in a secure environment which is accessible only to authorised employees, Artius Health and ATAPS Providers. All staff at West Moreton-Oxley Medicare Local have signed confidentiality agreements to protect your personal information. Information will be collected from three sources: from yourself, your GP and your Mental Health Provider. Information discussed during sessions with your GP and sessions with your psychologist or Mental Health Provider is completely confidential. Only information that is provided specifically for the program is collected.

Access to Information

Upon written request you may access the material recorded in your file. Permission will need to be obtained from the Mental Health Providers who have supplied the information on your file. Your written request will be responded to within 30 days and an appointment may be made for clarification purposes. Alternatively, you are encouraged to speak to your Mental Health Provider to request access to this information.

Confidentiality

West Moreton-Oxley Medicare Local is committed to maintaining the highest level of confidentiality in protecting your privacy. The Commonwealth Government has legislation and principles which regulate West Moreton-Oxley Medicare Local's use of your personal information.

All personal information gathered by West Moreton-Oxley Medicare Local and Artius Health will remain confidential except when it is a legal requirement to disclose information that would place you or another person at risk; or when your written consent has been obtained to release the information to a third party.

Case Conference

Your GP and Mental Health Professional may consult or liaise with each other regarding your health concerns. The content of these discussions will remain confidential between your GP and ATAPS provider. Your GP may consult a psychiatrist as part of your Mental Health Plan. Your GP will discuss this action with you first with all information shared remaining confidential between your GP and the psychiatrist.

Withdrawal

If you decide not to be involved in the ATAPS program this will not affect the treatment you receive from your GP in any way. You may withdraw from the program at any time by notifying your GP or ATAPS Provider that you no longer wish to participate.

Complaints or concerns

If you have a concern about the management of your personal information, please initially discuss this with your Mental Health Provider. If you are not satisfied with their response, please feel free to phone the ATAPS Coordinator at Artius Health on 0409 868 854 and/or email ataps@westmoretonoxley.com.au

Alternatively you can contact the Mental Health Program Coordinator at West Moreton-Oxley Medicare Local on (07) 3470 5653.