GP Fax Referral Form

The Access & Triage team provide 24/7 mental health telephone triage assessment for the entire Grampians region across all age groups.

Grampians Area Mental Health Service - incorporating Ballarat Mental Health Services - is a specialist psychiatric service offering case management and treatment for people who are experiencing serious mental illness.

Please note, we cannot provide support with Mental Health Care Plans or requests for Psychology services.

Referral to:	Referring General Practitioner:
Grampians Area Mental Health Service Access & Triage Service	GP Name: Clinic name & address:
Fax: 5320 4028	
For urgent referrals please call 1300 247 647 choose option 6 for VIP line (please do not give this option to patients)	Ph: Fax:
Service requested:	
Patient / client details:	
Name:	Address:
Date of Birth:	
Preferred name/s:	Phone: work:
Sex (please circle): Male / Female	Mobile:
Title (please circle):	Email:
Alternative Contact:	
Preferred Language:	Interpeter Required: Yes / No

Consent to referral and sharing of relevant information (please circle): YES / NO

Attach 'Patient Consent Form' if restrictions apply.

Patient aware of referral: YES / NO

Reason for referral:			
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Presenting Problem:			
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Current Medication:			
D	Ctrongth	Dans / fraguancy / special	
Drug name	Strength	Dose / frequency / special	
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Drug name Medical History:	Strength	Dose / frequency / special	
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	Strength	Dose / frequency / special	
	Strength	Dose / frequency / special	
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Psychiatric History:			
Risk Issues:			
Risk of suicide:	Please provide d	letails:	
Previous suicide attempts:	YES / NO	If yes, please provide details:	
Risk of deliberate self harm:	Please provide d	etails:	
Risk of Harm to Others:	Please provide d	letails:	
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Drug & Alcohol History:			
Other Health Professionals/Services involved:			
Other Health Floressionals/Se	i vices ilivolveu.		