

Mental Health Community Support Services

Gold Coast Referral Form



At the completion of this referral please fax to (07) 3539 6417 or email mhcssreferrals@wmq.org.au

If you have any questions, please contact a member of the Gold Coast MHCSS team on (07) 5569 1870

Participant Details				
Full Name		Date of Birth		
Mobile Phone		Home Phone		
Email		Country of Birth		
Address		COVID Vaccinated	Yes No Not stated/Unknown	
Gender		Cultural Identity		
Main Language Spoken at Home	English Other:	Interpreter Required	No Yes - Language:	
Confirmation of Eligibility/Criteria				
Adult 18 years and older and affected by severe and/or persistent mental illness		Consent to engage with the program		
NDIS Status	Yes Applied but unsuccessful Has not applied			
Referrer Information				
Name		Position		
GHHS Location		Phone		
		Email		
Date of referral		Fax		
Will the Referrer be the Case Manager	Yes No. Please provide of assigned Case Manager	Case Manager Details	Name: Phone: Email: Position:	
Clinical Information				
Mental Health Diagnosis	Primary			
	Secondary			
In the past 4 weeks, has the Participant experienced suicidal ideation?	Yes No	Has the Participant been hospitalised for mental health concerns in the last 12 months?	Yes No	
Last Hospital Admission Date		Reason for Admission		Length of Admission

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History of hospital admissions (e.g., date, length of treatment, reason for admission)			
Recovery Plan Information			
Participant Goals of Program Engagement			
Interested In	Individual Recovery Support Program Peer Recovery Support Program Both		
Stakeholders <i>(e.g., Carers, Doctors, Allied Health Practitioners)</i>			
Name		Contact Details	
Relationship			
Name		Contact Details	
Relationship			
Name		Contact Details	
Relationship			
Environmental risks to MHCSS Staff while supporting the Participant <i>(e.g., drug/alcohol use, cohabitants, unleashed dog on property, etc)</i>			
Required documentation attached:			
Signed consent form	Discharge Summary		
Risk formulation			
Individualised care plan			

Send all required documents by either Fax 07 3539 6417 or click the button below to email

This service has been made possible through funding provided by Queensland Health