ALFRED CHILD AND YOUTH MENTAL HEALTH SERVICE
Level 2, 999 Nepean Hwy, Moorabbin
Victoria 3189 Australia
Telephone: (03) 8552 0555
Facsimile: (03) 8552 0444

REFERRAL FORM

REFERRAL INFORMATION

Alfred CYMHS is a child and youth mental health service providing mental health and complex development issues from birth till aged 25 years. There are three main services with Alfred CYMHS, please nominate the team most appropriate (please refer to website for team descriptions);

- ◯ Infant and Preschool (aged 0-pre-starting school)
- ◯ Neurodevelopmental (aged 0-25 years)
- ◯ General CYMHS Mental Health (4-25 years)

REFERRER DETAILS

Date Name:

Profession: Organization/Service:

Phone: Mobile:

Email:

What is your current level of involvement with this client?

Client/parents/carers have agreed to this referral and understand the referral reasons? ☐ Yes ☐ No

CLIENT DETAILS

Client's Name:

D.O.B: Sex: Age:

Address: Phone: Mobile:

Parents/NOK Name: Phone: Mobile:

Email:

Address:

Childcare/School/Employment: Grade:

Will the family or client require an interpreter? ☐ No ☐ Yes (specify)

Client lives with: ☐ both parents ☐ mother ☐ father ☐ other

Are DHHS or Child First currently/ recently been involved with this family? ☐ Yes ☐ No

What is the reason for referral? What are the mental health concerns requiring assessment and/or intervention?

Are there any immediate risk issues?

What is the interim management plan to address these risk issues?

Who else is currently involved in this young person's support network, such as family services and professionals?

Known Diagnosis

Prescribed Medications

Other Information (Please attach any relevant correspondence, such as specialist reports)

Once Complete please email through to CYMHSintake@alfred.org.au

An intake clinician will contact you to confirm receipt of referral and to discuss if further information is required. Intake typically commences with a phone call to the family and some neurodevelopmental referrals can take up to 2 weeks.