

Alfred  Sandringham  Caulfield

## REFERRAL TO GAMBLING MINDS

Patient Family Name*		Given Name*	
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\*mandatory fields

Statewide Mental Health and Gambling Harm Service  
 Level 3/607 St Kilda Road, Melbourne, VIC, 3004  
 Enquiries: T 9076 9888 F 9076 9855 E mhghvic@alfred.org.au

Your patient will be contacted by Gambling Minds with appointment details

**Note:** Gambling Minds is not an acute service.  
 If you require urgent assistance, contact your local mental health service

### Patient Details

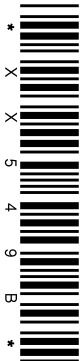
Date of Birth*		Country of birth		Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Other
Address							
Telephone		Email					
Medicare No		Reference No		Expiry			
Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No	Language					
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes, list		<input type="checkbox"/> No	<input type="checkbox"/> Not specified			
Cultural considerations							
Disabilities							
Contact Person	Name						
	Relationship		Telephone				

### Reason for referral

Diagnostic clarification  Medication advice  Biopsychosocial Management Plan  
 Sensory profile  Single session family therapy  Other, *list*

**Presenting issues** (*include any symptoms and their duration, why you are referring now, specific questions you or the patient would like answered*)

**Gambling behaviours** (*form, onset, frequency, debts*)



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**History of mental illness** (*admissions, treatments or risky behaviours*)

**Current medications** (*name / dose / frequency*) or, attach a Medication List

**How long have you been seeing this patient?**

**What have you already tried?**

**Additional information**

**Names & addresses of other health professionals involved**

<input type="checkbox"/> GP	
<input type="checkbox"/> Psychiatrist	
<input type="checkbox"/> Psychologist	
<input type="checkbox"/> Other, <i>list</i>	

<b>Referrer Details</b>	Date of Referral		Relationship	
Name			Address	
Telephone				
Fax			Email	

**Consent**

Verbal consent should be sought prior to a referral. If consent not granted, discuss with the Gambling Minds team

Return referral to: [mhghvic@alfred.org.au](mailto:mhghvic@alfred.org.au)