AlfredHealth

UR

☐ Alfred ☐ Sandringham ☐ Caulfield

REFERRAL TO GAMBLING MINDS

Patient Family Name*		Given Name*	

*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 ☐ Female ☐ Male ☐ Other	
Address					
Telephone		Email			
Medicare No		Reference No		Expiry	
Interpreter	☐ Yes ☐ No	Language			
Aboriginal or Torres Strait Islander		☐ Yes, list		☐ No ☐ 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

☐ GP	
☐ Psychiatrist	
☐ Psychologist	
☐ Other, *list*	

Referrer Details		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

EMR: Referrals / Referral to Psychiatry

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