

## REFERRAL TO INFANT, CHILD AND YOUTH AREA MENTAL HEALTH AND WELLBEING SERVICE

Consumer Last Name*	Given Name/s*
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*\*mandatory fields*

**Alfred Health's Infant, Child and Youth Area Mental Health and Wellbeing Service** is a coordinated mental health service for infants, children and young people, as well as their families who live in the following local government areas

**Port Phillip, Stonnington and Glen Eira** (north of North Road): Ages 0 -25

**Glen Eira** (south of North Road) **Bayside and Kingston** (west of Boundary Rd) Ages 0-18

Level 2, 999 Nepean Hwy, Moorabbin, Victoria 3189 Australia

T: 03 8552 0555

F: 03 8552 0444

E: [CYMHSintake@alfred.org.au](mailto:CYMHSintake@alfred.org.au)

**Has the consumer / parents / carers agreed to this referral and understand the referral reasons**

Yes  No

### Consumer details

Chosen name	Date of birth*
Sex at birth <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	Gender identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non binary <input type="checkbox"/> Not stated <input type="checkbox"/> Prefer not to answer

Address
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Telephone	Email
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Interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Language
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Indigenous status	<input type="checkbox"/> Not Aboriginal or Torres Strait Islander	<input type="checkbox"/> Aboriginal and Torres Strait Islander
	<input type="checkbox"/> Torres Strait Islander not Aboriginal	<input type="checkbox"/> Prefer not to answer
	<input type="checkbox"/> Aboriginal not Torres Strait Islander	<input type="checkbox"/> Not specified

Cultural considerations / support needs
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### Family details

Parent / carer / guardian	Name	Relationship to consumer
	Address	
	Telephone	Email

Parent / carer / guardian	Name	Relationship to consumer
	Address	
	Telephone	Email

Consumer lives with	<input type="checkbox"/> both parents together <input type="checkbox"/> share custody between parents <input type="checkbox"/> mother only <input type="checkbox"/> father only <input type="checkbox"/> other
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Is Child Protection (DFFH) currently / recently involved with this family	<input type="checkbox"/> Yes <input type="checkbox"/> No
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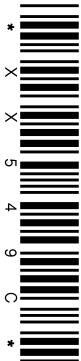
<b>Referrer</b>	Date of Referral
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Name	Profession
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Organisation & address
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Telephone	Email
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What is your current level of involvement with this consumer
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<b>Referral details</b>
<b>What are the mental health concerns requiring assessment and / or intervention?</b>
<b>What support are you hoping this service will provide?</b>
<b>Are there any immediate risk issues?</b>
<b>What is the interim management plan to address these risk issues?</b>
<b>Who else is currently involved in this consumer's support network, such as family services / professionals?</b>
<b>Known diagnosis and disabilities</b> including intellectual disability
<b>Prescribed medications</b> <i>(or attach a list)</i>
<b>Additional information</b> <i>(attach relevant correspondence, specialist reports)</i>

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

Referrals are triaged according to risk. You will be contacted on receipt of referral.  
Intake will mostly progress with a telephone call to the family.

Escalation contacts

<b>8552 0555</b>	Monday to Friday, 8:30 am to 5:00 pm
After hours crisis	
<b>1300 363 746</b>	Alfred Health Triage: Port Phillip, Stonnington or Glen Eira (north of North Rd)
<b>1300 369 012</b>	Monash Health Triage: Glen Eira (south of North Rd) Bayside or Kingston