_			
Λ	<b>If</b> vod	00	I+k
$\boldsymbol{H}$	lfred	Ea	ILI

UR	

	Alfred		Sandringham		Caulfield
--	--------	--	-------------	--	-----------

## REFERRAL TO VHMHS Victoria HIV Mental Health Service

•	The Victorian HIV Mental Health Service (VHMHS) provides outpatient psychiatric assessments at The Alfred
	and community psychiatric assessments at Melbourne Sexual Health Centre in Carlton

• For all VHMHS referral enquiries phone: 9076 6548 (business hours, Mon-Fri)

					Triage 24/7 s	,	,	<b>46</b> or local	area psychiatry triage
Patient Detail	s							*m	andatory fields
Family Name*						Give	Given Name*		
Date of Birth*						Gender: □ Female □ Male			Male
Address							Telephone		
Medicare No					Reference	No No		Expiry	
☐ Bulk Bill ☐ Pr	ivate □	ITAC □ V	Vork	Cover 🗆 I	Pensioner [	□ DV	A ☐ Other		
Interpreter	l Yes □	No	La	nguage				_	
Aboriginal or Tori	res Strai	t Islander		□ Yes			□ No 〔		☐ Not specified
Disabilities									
Cultural consider	ations								
Client Consent fo	r Referra	al		☐ Yes ☐	] No				
011.		Name							
Contact Person		Relations					Telephone		
Client Profile (eg	ı, relations	hip / employm	ent s	tatus / recent	salient events)				
Consultation red	quest / r	eason for	refe	rral (eg. wha	at questions wo	ould you	ı like to address	in this consu	ltation and why)
Medical History HIV/AIDS, comorbidit					s to health stati	us or me	edication, adher	ence, cogniti	ve complications of
Adda ala a liad af		.4		_					
Attach a list of				<b>s</b> Referral			Drov	/ider No	
Referrer Deta	115	Date	OI F	veieiiai			F101	/IUCI INU	
Referrers Name					Address				
Telephone					Fax				
Email					Copies to				

Return referral to: Fax 9076 6528 or email <a href="mailto:idclinic@alfred.org.au">idclinic@alfred.org.au</a>

;