

☐ 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)
- For urgent referrals phone Alfred Health Psychiatric Triage 24/7 service: **1300 363 746** or local area psychiatry triage

Patient details

*mandatory fields

Last name*				First name/s*			
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 <input type="checkbox"/> Different term						
Address				Telephone			
Medicare No			Reference No		Expiry		
<input type="checkbox"/> Bulk Bill <input type="checkbox"/> Private <input type="checkbox"/> TAC <input type="checkbox"/> WorkCover <input type="checkbox"/> Pensioner <input type="checkbox"/> DVA <input type="checkbox"/> Other							
Interpreter	<input type="checkbox"/> Yes <input type="checkbox"/> No		Language				
Aboriginal or Torres Strait Islander	<input type="checkbox"/> Yes			<input type="checkbox"/> No <input type="checkbox"/> Not specified			
Cultural / support needs							
Client Consent for Referral			<input type="checkbox"/> Yes <input type="checkbox"/> No				
Contact Person	Name						
	Relationship			Telephone			
Client Profile (eg, relationship / employment status / recent salient events)							
Consultation request / reason for referral (eg. what questions would you like to address in this consultation and why)							
Medical History (eg. year of HIV diagnosis, recent changes to health status or medication, adherence, cognitive complications of HIV/AIDS, comorbidities, psychiatric history, substance abuse)							
Attach a list of current medications							
Referrer details		Date of referral			Provider No		
Referrers Name			Address				
Telephone			Fax		Email		
Copies to							