

REFERRAL FORM – REGIONAL

Asylum Seeker and Refugee Health Hub

Ground Floor, 503 Sydney Rd, Brunswick, 3056

T: 03 8388 7874

F: 9380 8760

E: healthhub@cabrini.com.au



Cabrini
OUTREACH

REFERRER DETAILS

Referral date: _____

Client has consented to referral: Yes No (referral cannot be accepted if client has not consented)

Region: Greater Shepparton Mildura Swan Hill Robinvale Other _____

Referring organisation: GP Community Health Case Management Material Aid

Other **Name of service:** _____

Referrer name: _____ Role: _____

T: _____ F: _____ E: _____

CLIENT DETAILS

Male Female Other

Surname: _____

First name: _____ Date of birth: ____ / ____ / ____

Address: _____

Mobile: _____ Year of arrival to Australia: _____

Country of birth: _____ Ethnicity: _____

Languages spoken: _____ Interpreter required: Yes No

Medicare: Yes No Medicare No.: _____

Any income? Yes No Medicare expiry date: ____ / ____ / ____

Holds a current visa? Yes No Unknown

Current visa type: _____ Applied for Protection Visa: Yes No

(please supply/attach copy if available)

Support required from Cabrini Health Hub

Psychosocial support - casework (in Shepparton)

Mental health – counselling and care coordination (Telehealth)

Mental health – psychiatry (Telehealth - please attach GP letter if possible)

Please see over page to provide reasons for referral.

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Please complete the following screening tool with the client. All nine questions must be asked and answered. The client is not to be given this form to fill in. The user is to ask the questions and record the answers. If required, only a professional interpreter is to be used. If no interpreter is available, please do not complete the screening tool.

Questions		No	Yes
1.	Before arriving in Australia, have you ever seen a doctor or health worker, gone to hospital, or taken medicines for your 'nerves'? (i.e. mental or emotional health)		
2.	Have you often wished you were dead, wanted to kill yourself or ever attempted suicide or harmed yourself?		
If Yes to Q1 or Q2 (tick)		No	Yes
"In the last 4 weeks...."		No	Yes
3.	Have you felt very restless, like you can't keep still?		
4.	Have you lost interest in things? (prompt: <i>things you usually enjoy</i>)		
5.	Have you worried about going crazy or 'losing your mind'?		
6.	Have you felt very fearful? (prompt: <i>scared or afraid</i>)		
7.	Have you felt very trapped or caught? (prompt: <i>like you are trapped in a situation you cannot get out of</i>)		
8.	Have you had a lot of pain in your body?		
9.	Have you felt very worthless? (prompt: <i>like you have no worth or value</i>)		
TOTAL Q3 – Q9		N=	Y=
If 'Yes' to ≥ 2 of Q3 – Q9 → Screen positive = Yes Screened positive? (tick)		No	Yes

Additional information:

What other organisations are supporting the client?

- General Practitioner **More info / name:** _____
- Area Mental Health **More info / name:** _____
- Community Health **More info / name:** _____
- Casework Support **More info / name:** _____
- Other **More info / name:** _____

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Service description

Mental health services will be provided via Telehealth from the Cabrini Asylum Seeker Health Hub in Brunswick, Melbourne.

Services will be provided according to need, and may include case management, care coordination, counselling and/or psychiatry.

Priority of access

Services are available to people seeking asylum, Temporary Protection Visa (TPV), Safe Haven Enterprise Visa (SHEV), other temporary visa holders* and people who are undocumented (have no visa). Priority is given to those who:

- do not have a Medicare card
- have a Medicare card with limited or no income support

Cost

All services provided will be free to all clients.

- Medicare ineligible clients will receive free service
- Medicare eligible clients will be bulk-billed (clients will need to present their Medicare card)

Referral process

- **Psychiatry services - requires a GP referral letter if possible**, particularly where the client has Medicare. If the client is unable to access a GP, an intake assessment will be conducted with a mental health clinician to determine whether psychiatry is necessary.
- Referrers may call (03) 8388 7874 to discuss referrals (ask to speak to the mental health team).
- Hub staff will inform referrer of the acceptance of the referral and liaise with clients about their appointments

Additional referral documentation

- Please attach a copy of any relevant mental health documentation such as detention health records, discharge summaries, mental health plan.