Medicare Mental Health

GP Assist: Referral and Navigation Request

A GP handover document to allow us to help the patient find the right next step across psychology, mental health, psychosocial, community and social prescribing pathways.

**Urgent or immediate risk: This form is not for emergency or crisis response. If there is immediate risk of harm, psychosis, severe disorganisation, or urgent safeguarding concern, use emergency/crisis pathways first, including 000, local acute mental health services, or the Mental Health Access Line as locally appropriate.

1. Who is this request for? (Patient Details)

Date of request		Date of Birth	
Patient Name			
Preferred Name		Phone Number	
Email Address			
Address			
Preferred Contact	☐ Phone ☐ SMS ☐ Email		

☐ I have their consent to PCCS contacting them and receiving/sharing relevant information for this request.

2. How can we help?

Please briefly describe what you would like help with, including the main issues affecting the patient's mental health or ability to access care.

3. What type of support are you seeking?

Tick all that apply

☐ **Low intensity or early support**
Brief, preventative or low-intensity support, such as Medicare Mental Health Check In, digital support, brief coaching, information, advice or supported self-management.

☐ **Moderate-intensity mental health care**
Psychology, counselling, Better Access, Access Plus, commissioned psychology or other structured mental health support.
Please attach MHTP, referral letter or clinical summary where available.

☐ **Higher-intensity or complex support**
Care coordination, psychosocial support, skills-building, suicide aftercare, AOD support, discharge support, multidisciplinary care or connection with specialist/community mental health pathways.

☐ **Private health, day program or hospital-based options**
Help exploring private health-funded services, day programs, outpatient groups, inpatient programs or other structured private options.
Please attach private health details, referral letter, MHTP, discharge summary or relevant clinical information where available.

☐ **Care and supports for things affecting mental health**
Help with social, practical or contextual issues affecting stress, anxiety, mood, distress, functioning or access to care.

☐ **Not sure what fits best**
We can contact the patient, clarify what they need, and advise you on possible next steps.

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4. Care and supports for things affecting mental health

Please tick any issues affecting the patient's stress, anxiety, mood, distress, functioning or ability to access care.

- ☐ Housing, homelessness, or unsafe accommodation
- ☐ Family, relationship, parenting or carer stress
- ☐ Family violence, AVO, legal or safeguarding concerns
- ☐ Financial stress, Centrelink, debt or benefits issues
- ☐ Employment, education, volunteering or study needs
- ☐ Social isolation, loneliness or loss of connection
- ☐ Cultural, language, settlement or community connection needs
- ☐ Transport, technology, appointment access or communication barriers
- ☐ Disability, long-term health condition or service navigation needs
- ☐ Recent hospitalisation, discharge planning or aftercare needs
- ☐ Practical skills, routines, confidence or daily life support
- ☐ Groups, activities, community participation or social prescribing support
- ☐ Other:

5. Tell us about you (Referrer Details)

Name			
Practice		Provider Number	
Address			
Phone			
Fax		Email Address	

If we need more information or face difficulties assisting the patient, how can we best contact you or your practice?

☐ Phone me ☐ Phone practice nurse ☐ Phone reception ☐ Secure messaging ☐ Other: _____

HealthLink EDI	

6. Attach relevant documents

☐ I have attached private health details, referral letters, MHTP, discharge summary or relevant clinical information where relevant and available.

7. Send us your request

HealthLink EDI: **nsydmmhc**
Fax: 1300 067 747
Call Us On (02) 9477 8700

8. What we will do

- ☑ Acknowledge your request
- ☑ Contact the patient
- ☑ Connect the patient to appropriate services and support
- ☑ Provide you a discharge summary
- ☑ Communicate with you if we face any difficulties contacting or assisting the patient.