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|  |  | **Referral & Consent Form** |

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| Patient Details |  |  |
| **Name**: |       | **Sex:**  |  [ ]  **M** [ ]  **F** |  **Identified Gender:**      |
| **DOB**: |       | **Medicare** No: |       Exp:       |
| **Address**: |       |
| **Phone** No: |       |  **Mobile** No: |       |
| **Country of birth**: |       |  **Email**: |       |

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| **Treatment Programs**  **16-18 year olds** may be referred to **Eating Disorder** program***only,*** please seeCCI’s **Youth Eating Disorder** Referral Form. |

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| ✓ or 🗶 the program you are referring for:[ ]  **Mood Management** **Course** (Depression/Anxiety)[ ]  **Social Anxiety Course**[ ]  **Worry and Rumination Course**[ ]  **Bipolar Course** (adjunctive to psychiatric management)[ ]  **Individual Treatment****NOTE:** * **CCI follows a stepped care approach. Group treatment is usually the first option considered.**
 | [ ]  **Eating Disorders Program** **Patients must have a BMI > 16**  Height:      cm, Weight:      kg**Please 🗸 *current* symptoms**[ ]  Restricted eating [ ]  Binge eating[ ]  Vomiting [ ]  Laxative use[ ]  Unhealthy exercise [ ]  Rapid weight loss**NOTE:*** **CCI does *not* treat ARFID**
* Referrals to Eating Disorders program *must be* **from a medical practitioner who provides *ongoing* medical management.**
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|  Referral Information: *Please check the inclusion & exclusion criteria on page 2* |
|  Primary Diagnosis: |       |
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| Current Risk Factors:(Please note any details as relevant) |  | Current Medications and Dosage:(You may wish to attach a printed medication profile) |
|  [ ]  Suicide risk       |  |       |
|  [ ]  Deliberate self-harm       |  |       |
|  [ ]  Alcohol misuse       |  |       |
|  [ ]  Drug misuse       |  |       |
|  [ ]  Forensic history / history of aggression |  |       |
| *CCI offers weekly, outpatient treatment sessions.* ***If any of the above risk factors are present, please consider whether these can be appropriately managed in this setting.*** |  | *Please* ***complete referral*** *overleaf…* |
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|  **Patient Consent**: *This referral has been discussed with me, and* ***I am aware of the following:*** |
|  [ ]  All appointments at CCI are during normal business hours (9am-5pm, Monday to Friday). |
|  [ ]  There is a waiting list for treatment at CCI. |
|  [ ]  CCI offers a limited number of focused weekly sessions.  |
|  **Patient signature**: Date: |

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|  **Referral Source**: |
|  Referrer’s Name:       Position (eg. GP, Psychiatrist):       |
|  Service:        |
|  Address:       |
|  Email:        |
|  Referral date:      /     /       |  Phone No:       |  Fax No:       |
| * CCI is a tertiary service offering short-term treatments. We require a relevant point of contact for when patients are discharged from our service. ***If you will not have ongoing involvement in the patient’s care****, please provide a supporting referral from a relevant medical practitioner.*
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|  **Referrer’s signature:** |  |

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| **Please send all referrals to** the Clinic Manager at CCI, 223 James Street, Northbridge WA 6003, **or fax to** (08) 9328 5911, or scan and email to info.cci@health.wa.gov.au * Please call on (08) 9227 4399 if you have any enquiries or if you wish to discuss your patient’s needs.
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*Please consider the following:*

# Inclusion Criteria:

* CCI is a state-wide service and can accept referrals from all regions within Western Australia
* Patients must be over 18 years of age (or over 16 years of age for the Eating Disorders Program)
* Patients must have a current Medicare card
* Patients must have a clearly defined primary diagnosis in one of the following areas:
* Major Depressive Disorder
* Bipolar Disorder (adjunctive to psychiatric management)
* Panic Disorder/ Agoraphobia
* Generalised Anxiety Disorder
* Social Anxiety Disorder
* Health Anxiety
* Body Dysmorphic Disorder
* Anorexia Nervosa & Atypical Anorexia Nervosa
* Bulimia Nervosa & Atypical Bulimia Nervosa

# Exclusion Criteria: Referral to CCI is not appropriate for patients who:

* have a Body Mass Index < 16 (an inpatient admission may be required)
* misuse alcohol or other drugs (a referral to Next Step may be more suitable)
* have a concurrent diagnosis in the psychotic spectrum
* are concurrently receiving treatment as an in-patient in a psychiatric hospital
* current aggression / problems controlling anger

***Thank you for your referral***

***CCI is a specialist state wide mental health service offering free, evidence-based treatment programs for mood disorders, anxiety disorders and eating disorders***