Head Office, PO Box 4013
Eight Mile Plains, QLD 4113
1300 673 664
ABN 19 009 687 030

medicare
Mental Health Centres

openminds™
Enabling Positive Futures

Referral Form

Servicing people to provide a free, confidential service for anyone seeking help for their wellbeing or wanting support for a patient or someone they care about. If the person has acute mental health needs, refer to MH Call on 1300 642 255.

Referrer Details

Referrer Name: Role/Organisation:

Phone: *Email:

Address:

* To receive notification of the outcome of this referral, an email address is required.

Consumer Details

Full Name: Preferred Name:

DOB: Gender: Pronouns:

Mobile: Email:

Address:

No fixed address: ☐

Interpreter required? ☐ Yes - Language ☐ No

Referral Support Person (Optional)

Contact if the consumer is unavailable. If the consumer has a legal guardian, provide their details below:

Full Name: Relationship/Role:

Phone: *Email:

Consent to Share Information

The Privacy Act requires that the consumer sign this form to provide consent for the release of their information. By signing, the consumer consents for this Medicare Mental Health Centre to seek and share information concerning matters related to this application with the local PHN service, the referral support person outlined in this form, and other service providers relevant to this referral. The consumer also gives consent to their information being used for statistical and evaluation purposes to improve mental health services in Australia. They understand that this will include details about them such as date of birth, gender and types of services they use, but will not include their name, address or numbers.

Consumer Signature:
(or Legal Guardian)

Date:

☐ Or Verbal Consent Received (*Tick if applicable)*

The referrer agrees that all information submitted in this referral is an accurate reflection of the consumer's support needs and is correct with no information withheld, so Medicare Mental Health Centre can fulfil its duty of care to consumers, staff and other partner agencies.

Referrer Signature:		Date:	

Referral Notes *(Any additional information that may support the consumer and referral)*

The consumer and/or referrer may be contacted for additional information.

All referred consumers will have an intake and assessment completed by our Medicare Mental Health Centre to determine service level and type.

We will endeavour to provide feedback on the outcome of this referral in a timely manner.

Our Locations

Coffs Harbour	Suite 2, 27-29 Duke Street Coffs Harbour NSW 2450 Ph: 02 5642 4060	Ipswich	Lvl 1, 25 Nicholas Street (Precinct) Ipswich QLD 4305 Ph: 07 2802 6035 / 1800 841 205
E: mmhc.coffsharbour@openminds.org.au		E: ipswichmmhc@openminds.org.au	
Lismore	Suite 3, Lvl 3/105 Molesworht Street Lismore NSW 2480 Ph: 1800 595 212	Kingaroy	98 Kingaroy Street Kingaroy QLD 4610 Ph: 07 4332 6200
E: mmhc.lismore@openminds.org.au		E: kingaroymmhc@openminds.org.au	
Kempsey	Shop 5-6, 41-43 Belgrave Street Kempsey NSW 2440 Ph: 02 5541 1221	Gold Coast	29 Dixon Drive Pimpama QLD 4209 Ph: 07 5348 9181
E: mmhc.kempsey@openminds.org.au		E: GCMMHC@openminds.org.au	

Submit your Referral Form using the email address of the closest Medicare Mental Health Centre.