

Psychological Treatment in Residential Aged Care Facilities (RACFs) Referral Form

This service is to provide Psychological Treatment for RACF residents onsite in RACFs. Individual and group treatments are provided for residents with mental illness and initially this is limited to a small number of RACFs.

Patient Information

Patient Name: _____ Date of Birth: _____

Facility: _____ Room No: _____

Referral Details:

General Practitioner: _____ Date of Referral: _____

Issue/ Diagnosis: _____

Desired outcomes/Comments: _____

Is the Resident taking any Psychotropic medication? Yes No

Consent:

'I have discussed this referral with and obtained the residents consent' Yes No

GP Signature: _____ Date: _____

This referral should be transferred by secure means

