

WHAT IS BEING REQUESTED AS AN OUTCOME OF THIS REFERRAL?

Consultation Behavioural Intervention Assessment and Ongoing Management Education

INVESTIGATIONS (IF AVAILABLE PLEASE ATTACH COPIES OF RESULTS)

Type	Ordered		Abnormalities detected?		Type	Ordered		Abnormalities detected?	
	No	Yes	No	Yes		No	Yes	No	Yes
FBE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MSU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U&E's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BGL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	B12 & Folate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LFT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ESR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CXR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ECG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CT BRAIN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MRI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

KNOWN CONDITIONS:

<input type="checkbox"/> None known	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Recurrent UTI's
<input type="checkbox"/> Acquired brain injury	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Thyroid disorder
<input type="checkbox"/> Angina	<input type="checkbox"/> Falls	<input type="checkbox"/> Past history – Suicidality
<input type="checkbox"/> Chronic pain	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Past history – Depression
<input type="checkbox"/> CVA	<input type="checkbox"/> Mobility problems	<input type="checkbox"/> Past history – Psychosis
<input type="checkbox"/> Delirium	<input type="checkbox"/> Myocardial infarct	<input type="checkbox"/> Past history – Anxiety
<input type="checkbox"/> Dementia	<input type="checkbox"/> Parkinson's disease	<input type="checkbox"/> Other :

PRESCRIBED MEDICATION: (LIST OR ATTACH COPY OF MEDICATION CHART/SHEET)

Name	Dose	Frequency	Name	Dose	Frequency
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Compliance: Low (not compliant) Medium (not sure) High (definitely compliant)

Known adverse reactions / sensitivities: No Yes

Specify:

RISK ISSUES: Please record any risk issues that are apparent

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SCREENING ASSESSMENT

BEHAVIOURS	Settled - stable <input type="checkbox"/> Settled - unstable <input type="checkbox"/> Fluctuating <input type="checkbox"/> Anxious <input type="checkbox"/> Agitated <input type="checkbox"/> Aggressive <input type="checkbox"/> Violent / Assaultive <input type="checkbox"/> Manic <input type="checkbox"/> Withdrawn <input type="checkbox"/> Unpredictable <input type="checkbox"/> Confused <input type="checkbox"/> Disoriented <input type="checkbox"/> Absconding <input type="checkbox"/> Non-compliant / resistive <input type="checkbox"/>		COMMENTS
CONSCIOUSNESS	Alert <input type="checkbox"/> Drowsy <input type="checkbox"/> Fluctuating <input type="checkbox"/> Drug/Alcohol affected <input type="checkbox"/> Sedated <input type="checkbox"/> Unconscious <input type="checkbox"/>		
ASSESSMENT CAPACITY	Able to be assessed <input type="checkbox"/> Unable to be assessed <input type="checkbox"/>		
PSYCHIATRIC SYMPTOMS	Depressed Mood <input type="checkbox"/> Elevated Mood <input type="checkbox"/> Fluctuating Mood <input type="checkbox"/> Disorganised behaviour <input type="checkbox"/> Poor concentration <input type="checkbox"/> Hallucinations <input type="checkbox"/> Delusional beliefs <input type="checkbox"/>		
COGNITIVE IMPAIRMENT	Not evident <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/>		
MANAGABILITY	No current management problems <input type="checkbox"/> Fluctuating management problems <input type="checkbox"/> Moderate management problems <input type="checkbox"/> Difficult to manage <input type="checkbox"/> Extreme management problems <input type="checkbox"/>		
PHYSICAL RISK ISSUES	Unknown – awaiting assessment <input type="checkbox"/> Nil <input type="checkbox"/> Mild co-morbidity <input type="checkbox"/> Moderate co-morbidity <input type="checkbox"/> Severe co-morbidity <input type="checkbox"/> Acutely medically unwell <input type="checkbox"/>		
CURRENT MANAGEMENT AND/OR CONCERNS	Discussed with resident <input type="checkbox"/> Discussed with family <input type="checkbox"/> Discussed with staff <input type="checkbox"/> Discussed with GP <input type="checkbox"/> Referred to specialist / other <input type="checkbox"/>		
OTHER COMMENTS		
REFERRER'S SIGNATURE:..... DATE:			

NOTE: If this is an **EMERGENCY** call **1300363788** and inform the Duty Worker

PLEASE FAX TO: 03 54428436.

GUIDELINES FOR REFERRING TO AGED PERSONS MENTAL HEALTH SERVICES

The Aged Persons Mental Health Service (APMHS) provides specialist psychiatric assessment and treatment to aged persons with a mental illness who live in the Loddon/ Campaspe/ Southern Mallee regions.

The service has two essential components;

- A community based service that provides home based comprehensive assessments and treatment for those aged persons in the community experiencing a mental illness.
This includes services to residential facilities and Acute and Subacute services where the team provides specialist aged mental health expertise.
The service utilises a case management style of care provision with support from; Consultant Psychiatrists, Psychiatric Registrar, Psychiatric Nurses, Neuro-Psychologist, Social and Welfare worker. The service is closely aligned with the Aged Care Assessment Service to assist in a range of Aged Care issues.
- A purpose built 10 bed inpatient facility (the Marjorie Phillips Unit) that is located at the Anne Caudle campus in Bendigo. This facility is equipped to provide treatment of acute mental health issues.

Services are provided to:

- People aged 65 and older; and
- Who have, or appear to have, a mental illness; and or
- Exhibit behaviour of moderate to severe significance related to dementia;
- In some cases indicated by clinical assessment, APMHS will provide service to people under 65 years of age who exhibit symptoms of degenerative diseases associated with ageing such as early onset dementia or Alzheimer's disease.

In order to help the APMHS triage/intake service respond to referrals in a timely and prioritised manner, guidelines have been developed as indicated on the flowchart over-page.

Consideration should be given to the following issues **before** Referral to APMHS:

- As it is more effective and efficient to direct referrals to the triage service of Bendigo Psychiatric Services on 1300363788 than to contact the mental health clinicians who work in the various localities, please direct all referrals to this area of the service.
- Referrals from GPs, residential facilities, hospitals, and other health or community services should be made on the referral documentation supplied with these guidelines. Note: If your service does not have these forms, contact our administration (see below) and we will ensure that you receive these.
- All sections of the referral document should be completed.
- Services seeking to make referrals are requested to seek the consent of the person they wish to refer (or their carer / family / guardian – as appropriate).
- Staff of residential services are requested to discuss the referral with the clinical management of their service, as well as the referee's GP, before contacting Triage 1300363788

NOTE: If the matter is an **EMERGENCY**, please call 130-0363788 and request assistance. If possible, have as much of the information required on the referral form as is available, to assist the triage service to respond efficiently.

CONTACT DETAILS FOR APMHS:

TRIAGE SERVICE

Phone 1300363788 (24 hrs)

Fax. 03 54428436

ADMINISTRATION

Phone 03 54547604 (8:30am – 5:00pm. Mon-Fri)

Fax. 04 54547620

MAIL

PO Box 126, Bendigo. Victoria. 3552.

NOTE: If the matter is an **EMERGENCY**, please call APMHS directly on 1300363788 (24 hrs) and request assistance.

GUIDELINES FOR REFERRAL TO AGED PERSONS MENTAL HEALTH SERVICE BY RESIDENTIAL SERVICES

