Mental Health Services for Older Persons (MHSOP)

Referral Information Required

The information required for our team to triage includes the following:

- PATIENT DEMOGRAPHICS including Language Spoken; Support Person, Contact number, Next of Kin

- PRESENTING PROBLEMS/REASON FOR REFERRAL

- WHAT DO YOU WANT AS AN OUTCOME OF OUR ASSESSMENT E.G. MEDICATION REVIEW, INPATIENT ADMISSION, PLACEMENT?

- RISKS: e.g. Suicidal; Self Harm; Aggression/risk to others; Carer Stress; Self neglect; Wandering; Fires/Flooding of House; Substance Abuse; Lives Alone; Lack of Social Supports

- HISTORY OF MENTAL ILLNESS:

- SIGNIFICANT PAST MEDICAL HISTORY

- CURRENT PHYSICAL HEALTH PROBLEMS

- CURRENT MEDICATIONS

- EPOA Welfare: No   Yes   Not Known

- EPOA Property: No   Yes   Not Known

- OTHER SERVICES INVOLVED

- DATE OF LAST PHYSICAL EXAM AN RELEVANT PHYSICAL EXAMINATION FINDINGS:

- OTHER INFORMATION

Mental Health Services for Older People (MHSOP) Referral Form

Fax to 09 276 0222

Patient Details	Next Of Kin Details
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Presenting problems	Risks (e.g. Suicidal; Self Harm; Aggression/risk to others; Carer Stress; Self neglect; Wandering; Fires/Flooding of House; Substance Abuse; Lives Alone; Lack of Social Supports)
History of Mental Illness	Significant Past Medical History
Current Physical Problems	Current Medication
Details of EPOA Welfare	Details of EPOA Property
Other Services Involved	Continue here
Date of Last Physical Examination & Relevant Findings?	Continue here
Other Information	Continue here
Information supplied by (Please print)	Contact Telephone Number