



Mental Health – Referral

NAVISION No. (Ozcare use ONLY):			
Privacy Statement			
<ul style="list-style-type: none"> Ozcare (we, us or our) is committed to the National Privacy Principles contained in the <i>Privacy Act 1988</i> (Cth). The purpose of this statement is to advise you that we may collect, use and disclose various personal information about you (that is, information that can identify you) for the purposes of providing services to you, facilitating our internal business operations, including the fulfilment of any legal and regulatory requirements and providing you with information about us and the services that we offer We may disclose personal information about you to your nominated next of kin in an emergency involving you, our related entities and affiliated organisations and service providers, who assist us in operating our business If the personal information you provide to us is incomplete or inaccurate, we may be unable to provide you with the services you are seeking. Also, if we provide you with in-home care, we may leave your record of treatment with Ozcare, which includes personal information, at your home. You acknowledge that you will keep the record safe and secure and that you will inform us if any event or threatened event jeopardises the safety and security of this record You may access the personal information we hold about you in accordance with our privacy policy If you wish to access any personal information you will need to put your request in writing to: Ozcare, Privacy Officer, PO Box 912, FORTITUDE VALLEY QLD 4006 			
<input type="checkbox"/> Has the Privacy Statement been read to the Client / Representative <input type="checkbox"/> Has the Client / Representative declined to have the Privacy Statement be read to them			
Client Details			
Surname:		Given Name/s:	
Preferred Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth:		<input type="checkbox"/> Exact: / / <input type="checkbox"/> Estimate:	
(Residential) Address:			
Suburb:		Post Code:	
Home Phone:		Mobile:	
Work:			
Additional Contacts			
Name:		Relationship:	
Address:			
Suburb:		Post Code:	
Home Phone:		Mobile:	
Work:			
Mental Status			
Diagnosis:			
Mental Health Act Status:		<input type="checkbox"/> Under order (type) <input type="checkbox"/> Voluntary client	
Psychiatrist		Current Case Manager	
Name:		Name:	
Address:		Address:	
Suburb:		Suburb:	
Post Code:		Post Code:	
Phone:		Phone:	
Email:		Email:	
General Practitioner		Other Clinician	
Name:		Name:	
Address:		Address:	
Suburb:		Suburb:	
Post Code:		Post Code:	
Phone:		Phone:	
Email:		Email:	

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Risk Indicators / Alerts / Other Legal Issues:					
Current Treatment:					
Medications:					
Referrers assessment on – Aggression/Violence risk level High/ Medium/Low. Comments:					
Financial (enduring power of attorney, public trustee, nominee)					
Other Key Agencies / People Involved		Phone		Service Provided	
Present strategies to maintain health:					
Substance use:					
Early warning signs of illness:					
Management of early warning signs:					
Client goal/s					
Goal			Estimated time to achieve		
Referrers Details					
Name:				Signature:	
Designation:			Date:		/ /
Organisation:					
Has Client Consented to this referral:			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fax Numbers					
Brisbane – 3028 9610		Bundaberg – 3620 4325		Gold Coast – 3620 4390	
Mackay – 4961 8699		Rockhampton – 4937 4299		Sunshine Coast – 5437 1200	
Townsville – 4762 7867					

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