AlfredHealth

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REFERRAL TO INFANT, CHILD AND YOUTH AREA MENTAL HEALTH AND WELLBEING SERVICE

Consumer Last name*		First name/s*	

**mandatory fields*

Alfred Health's Infant, Child and Youth Area Mental Health and Wellbeing Service is a coordinated mental health service for infants, children and young people, as well as their families who live in the following local government areas

Port Phillip, Stonnington and Glen Eira (north of North Road): Ages 0 -26
Glen Eira (south of North Road) **Bayside and Kingston** (west of Boundary Rd) Ages 0–18

12-26 yr program Level 2, 999 Nepean Highway, Moorabbin, Victoria 3189
0-11 yr program Level 3, 1001 Nepean Highway, Moorabbin, Victoria 3189
T: 03 8552 0555 F: 03 8552 0444 E: CYMHSintake@alfred.org.au

Has the consumer / parents / carers agreed to this referral and understand the referral reasons	☐ Yes ☐ No

Consumer details

Chosen name		Date of birth*	
Sex at birth	☐ Female ☐ Male ☐ Other	Gender identity	☐ Female ☐ Male ☐ Non binary ☐ Not stated ☐ Prefer not to answer
Address			
Telephone		Email	
Interpreter required? ☐ Yes ☐ No		Language	
Indigenous status	☐ Not Aboriginal or Torres Strait Islander ☐ Torres Strait Islander not Aboriginal ☐ Aboriginal not Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Prefer not to answer ☐ Not specified		
Cultural considerations / support needs			

Family details

Parent / carer / guardian	Name		Relationship to consumer	
	Address			
	Telephone		Email	
Parent / carer / guardian	Name		Relationship to consumer	
	Address			
	Telephone		Email	
Consumer lives with	☐ both parents together ☐ share custody between parents ☐ mother only ☐ father only ☐ other			
Is Child Protection (DFFH) currently / recently involved with this family	☐ Yes ☐ No			

Referrer	Date of referral		
Name		Profession	
Organisation & address			
Telephone		Email	
What is your current level of involvement with this consumer			

EMR: Referrals / Referral to Psychiatry

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Consumer Last name*		First name/s*	

Referral details
What are the mental health concerns requiring assessment and / or intervention?
What support are you hoping this service will provide?
Are there any immediate risk issues?
What is the interim management plan to address these risk issues?
Who else is currently involved in this consumer's support network, such as family services / professionals?
Known diagnosis and disabilities including intellectual disability
Prescribed medications (*or attach a list*)
Additional information (*attach relevant correspondence, specialist reports*)

Return referral to CYMHSintake@alfred.org.au

Referrals are triaged according to risk. You will be contacted on receipt of referral.
Intake will mostly progress with a telephone call to the family.

Escalation contacts

8552 0555 Monday to Friday, 8:30 am to 5:00 pm

After hours crisis

1300 363 746 Alfred Health Triage: Port Phillip, Stonnington or Glen Eira (north of North Rd)

1300 369 012 Monash Health Triage: Glen Eira (south of North Rd) Bayside or Kingston

EMR: Referrals / Referral to Psychiatry

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