SOUTH WESTERN SYDNEY PHN

Suicide Prevention Program - GP Referral Form

REFERRALS RECEIVED AFTER 4.30pm WILL BE ACTIONED ON THE NEXT BUSINESS DAY

FAX TO SWSPHN SUICIDE PREVENTION SERVICE: 4623 1796

Date: **GP Referring:**

Practice Name: ....

Practice Phone: .... **Practice Fax:** ....

PATIENT DETAILS:

First Name: .... **Surname:** .... **DOB:** ....

Best Phone Contact: .... **Alt. Phone Contact:** ....

☐ **Aboriginal or Torres Strait Islander** ☐ **Male** ☐ **Female**

Address: ....

Support Person Name: .... **Support Best Phone Contact:** ....

REFERRAL DETAILS→ *No Mental Health Care Plan required, however please provide a summary of presenting issues*

REFERRALS CANNOT BE ACCEPTED WITHOUT A COMPLETED RISK ASSESSMENT (SEE REVERSE) AND SIGNED CONSENT OF YOUR PATIENT

I, ______________________________, (**patient** name - please print clearly)

Consent to this referral and I agree to information about my mental health being recorded in my medical file and shared between the GP, South Western Sydney PHN Suicide Prevention Service to assist in the management of my health care and the Allied Health Professional to whom I am referred.

I understand that SWSPHN will provide information that does not identify me, such as the types of I service I receive, to the Department of Health to assist improvement of mental health services in Australia. (Delete if you do not consent to sharing of information with the Department of Health)

______________________ ______________________

Signature (patient): **Date**

I (GP) have undertaken the risk assessment on reverse of form and discussed the proposed referral with my patient and am satisfied that the patient understands the proposed uses and disclosures and has provided their informed consent to these.

______________________ ______________________ ______________

Signature (GP): **GP Name** **Date**

RISK ASSESSMENT: Suicide risk assessment is based upon an assessment of background conditions, current factors and clinical judgement.

<table>
<tr><td colspan="4">Suicide Risk Screening Tool</td><td colspan="2"></td></tr>
<tr><td colspan="4">1: Evidence of suicidal ideation.
Have things been so bad lately that you have thought about suicide? If Yes
How often do you have these thoughts?
How long have you been having the thoughts?
Are the thoughts getting stronger?
Have you had the thoughts in the past 24 hours?</td><td>Tick box if Yes</td><td>☐</td></tr>
<tr><td colspan="4">2: Current Plan
Have you made any current plans to take your own life?
Planned method?
Where would it occur?
How immediate is the plan? Immediate or Next 24 hours (risk score is Emergency, implement emergency action) Week, Nonspecific, Other
Access to lethal means? No ☐ Yes ☐
Have you been taking a lot more risks lately? Examples include: No ☐ Yes ☐
Increased alcohol and or drug use, Reckless or dangerous driving</td><td>Tick box if Yes</td><td>☐</td></tr>
<tr><td colspan="4">3: History or previous attempts:
Have you ever tried to take your own life before? If Yes
How many attempts?
How long ago?
Prior diagnosis or psychiatric episode Yes ☐ No ☐ Unsure ☐</td><td>Tick box if Yes</td><td>☐</td></tr>
<tr><td colspan="4">4: Current Stressors:
Have you been going through upsetting events lately? Examples include:
Relationship breakup, Family conflict, Job loss or unemployment, Abuse or DV, Legal issues, Chronic pain or illness, Grief or Loss. Trauma
Other:</td><td>Tick box is Yes</td><td>☐</td></tr>
<tr><td colspan="4">5: Evidence of protective factors - people:
Do you have anyone to support you?
Family, GP, Friends, Partner, Colleagues, Service or health worker</td><td>Tick box if No</td><td>☐</td></tr>
<tr><td colspan="4">6: Evidence of protective factors – personal coping strategies present:
What has helped you through tough times before?
Reasons to live:
Strategies used to manage previous crises:
Personal strengths:</td><td>Tick box if No</td><td>☐</td></tr>
<tr><td colspan="6">Overall Risk of Attempt and Action: Count the number of ticked boxes ticked</td></tr>
<tr><td>Low ☐ (0-1)</td><td>Medium (2-3)</td><td colspan="2">High (4-6)</td><td colspan="2">Emergency (4-6) and / or immediate or in next 24 hours plan</td></tr>
<tr><td colspan="2">Refer to SWSPHN Suicide Prevention Service
Complete referral form
Have patient sign their consent to referral
FAX to 4623 1796</td><td colspan="2">Arrange transport and referral to local Community Mental Health Emergency Team or Emergency Department after hours</td><td colspan="2">Do not leave patient alone. Arrange transport to emergency department by ambulance (police required if patient is unwilling to be transported – requires form to be scheduled)</td></tr>
</table>

Developed with reference to The Framework for Suicide Risk Assessment and Management for NSW Health Staff 2004 and risk assessment tools from Crisis Support Services 2005 and The National Drug and Alcohol Research Centre 2010