



Inner West Area Mental Health Service – The Royal Melbourne Hospital
 Inner West Area Mental Health Service is a provider of services to the Royal Melbourne Hospital
 www.mh.org.au
 ABN 73 802 706 792

Neuropsychiatry Unit Referral Form
 Department of Neuropsychiatry Registrar
 Level 2, John Cade Building
 Royal Melbourne Hospital 3050 T: 03 9342 8750

ATTACH LABEL OR RECORD PATIENT DETAILS

LOCAL UR

MH UR

NAME

ADDRESS

TELEPHONE

DOB

SEX M/F

ATTENTION: NEUROPSYCHIATRY REGISTRAR FAX: 03 9342 8483

REFERRER DETAILS:

DATE: / /

Name

Psychiatry -

Area Mental Health

Address

Neurology -

General Hospital

*Mobile No

Medical/Surgical –

General Hospital

Fax: ()

General Practitioner

*Email:

Other Service/Agency

***To ensure prompt response, please provide direct contact details**

PATIENT DETAILS

Surname

REFERRAL URGENCY

<1 week 1-4 weeks >4 weeks

First Name

Gender

Male Female

DOB

/ /

REFERRAL CHECKLIST – ALL REQUIRED

Address

Referral letter – summarising patient’s problem list and referral question

Other reports/summaries/relevant correspondence

Investigation results – biochemical, imaging

Neuroimaging (MRI) on CD and mailed

Patient / carer accepting of referral

Telephone

Postcode

Contact Person

URBAN

RURAL

REFERRAL REASON

Cognitive Impairment

Psychotic Disorder

Affective Disorder

Functional / Behavioural Change

Movement Disorder

Neurological Disorder

Other

ASSESSMENT TYPE

Inpatient

General Outpatients

Video Call/Consultation (Telehealth)

SPECIFIC SERVICE

HD Clinic

Predictive HD Clinic

Epilepsy

Psychosurgery Assessment

ECT

Younger Onset Dementia

NEUROPSYCHIATRY UNIT USE ONLY

Referrer contacted Y N Clinician responsible

ASSESSMENT DATE /

DOCTOR: _____

Inpatient Waiting List IPWL

Outpatient Neuropsychiatry

Public OPC

HD Predictive Clinic OPCHDP

Private

RMH OPP

MW MWPRIV

HD Symptomatic Clinic OPCHDS

TMC

DV DVPRIV

Outpatient Neuropsychology OPN

Off Site Assessment OSA

Consultation Liaison Assessment CL

Referral Not Accept

Not Neuropsychiatric RNANP

Other Service More Appropriate

Referral Withdrawn

By Patient/Relative RWP

By Referrer RWP

Phone Advice PA



NW MH 312

NEUROPSYCHIATRY UNIT REFERRAL FORM



Neuropsychiatry Unit Referral Form

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LOCAL UR	MH UR	
NAME		
ADDRESS		
TELEPHONE	DOB	SEX M/F

FURTHER ACTION/COMMENTS

Date	Action	Who