# SSMH3 – Student referral to a clinical care provider

In accordance with the [Supporting students’ mental health and wellbeing](https://ppr.mpe.qed.qld.gov.au/pp/supporting-students-mental-health-and-wellbeing-procedure) procedure, this form is to be completed by case managers who are coordinating school support for a student with suspected or confirmed mental health difficulties when they have obtained informed consent. Please complete this form and send to the identified clinical care provider in cases where a student does not have an existing clinical care provider or General Practitioner (GP), or when supplementary specialist advice is required.

### Instructions

* Check that the student or their parent/carer has completed [Form SSMH1 – Consent form](https://ppr.mpe.qed.qld.gov.au/attachment/ssmh1-form-consent-form.docx) and given their permission for the school to refer the student to a clinical care provider.
* Attach a copy of the relevant section of [Form SSMH1 – Consent form](https://ppr.mpe.qed.qld.gov.au/attachment/ssmh1-form-consent-form.docx) (i.e. consent for school to refer to clinical care provider and the student/parent/carer signature block) for the clinical care provider’s information and records.

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| **Referral details** | | | | | |
| Date sent: | | | Number of pages: | | |
| Referral from: | | | Referral to: (e.g. GP, the Child and Youth Mental Health Service) | | |
| Name: | | | Name: | | |
| Position: | | | Position: | | |
| School Name: | | | Organisation: | | |
| School Address: | | | Address: | | |
| Phone: | | | Phone: | | |
| Fax: | | | Fax: | | |
| Contact person at school: | | |  | | |
| Priority: This referral is considered: | | | Routine  Urgent | | |
| Feedback requested: | | | Yes  No | | |
| Student/parent/carer consent attached: | | | Yes - All referrals must include a signed consent form | | |
| **Student details** | | | | | |
| Student’s last name: | | | Preferred name/s: | | |
| Student’s first name: | | | Date of birth: | | |
| EQ ID number: | | | Gender: | | |
| School year level: | | | | | |
| Parent/carer name: | | | | | |
| Home address: | | | | | |
| Home email address: | | | Home phone: | | |
| *Indigenous status (please tick)* | | | | | |
| Aboriginal | |  | Neither Aboriginal nor Torres Strait Islander | |  |
| Torres Strait Islander | |  | Not stated or unknown | |  |
| Both Aboriginal and Torres Strait Islander | |  |  | |  |
| *Cultural background* | | | | | |
| Preferred language | Country of birth | | | If born overseas, year of arrival in Australia |  |
| Does parent/carer require an interpreter? | Yes  No | | Parent/carer’s preferred language | | |

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| Presenting issue/s: |
| Additional information that may be relevant (e.g. advice about academic and/or social progress at school, information on attendance and school-based support provided to the student): |

**The student’s personal information included on this form has been collected, used and distributed** for the purpose of ascertaining and establishing referral and support options for the student’s suspected mental health difficulty, **with the informed consent of the student and/or their parent/carer, pursuant to s.426(4) of the** [***Education (General Provisions) Act 2006 (Qld)***](https://www.legislation.qld.gov.au/view/html/inforce/current/act-2006-039)**.**

**Please contact the school’s guidance officer or the contact person nominated on this form should you require further information.**