



Supporting our community on all sides

# Redcliffe Medicare Mental Health Centre Referral Form

Please note: No Medicare card or identification is required to access this service.

Where possible, please complete this form alongside the person you are wishing to refer, and email it to: [redcliffemhmc@communityfy.org.au](mailto:redcliffemhmc@communityfy.org.au)

Please confirm the following Redcliffe Medicare Mental Health Centre eligibility criteria before sending this referral:

- Over the age of 18
- Residing in the Redcliffe Hospital catchment area

If the person does not meet these eligibility requirements, please contact the Medicare Mental Health Phone Service on 1800 595 212 for alternative services, or call the Redcliffe Medicare Mental Health Centre on 07 3510 2722 to discuss further.

## Participant Information

Referral date:

<b>Full name</b>				
<b>Preferred name</b>				
<b>Date of birth</b>			<b>Gender</b>	
<b>Pronouns</b>	<input type="checkbox"/> He/Him	<input type="checkbox"/> She/Her	<input type="checkbox"/> They/Them	<input type="checkbox"/> Pronouns not listed, please specify: _____

## Contact Details

<b>Address</b>			
<b>Suburb</b>		<b>Postcode</b>	
<b>Phone number</b>	<b>Alternate contact number</b>		
<b>Email</b>			
<b>Preferred contact method</b>		<b>Preferred contact time</b>	
<b>Please list any methods of communication that are NOT suitable due to safety or other reasons</b>			
<b>Describe any current supports that are in place</b> (please include information regarding any connections with Qld Mental Health - Case Management or Acute Care Team - or NDIS)			



**Referrer Details**

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<b>Referral made by</b>	
<b>Organisation</b>	
<b>Email</b>	

<b>Role</b>	
<b>Phone</b>	

**Participant Consent**

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Please read and complete the following:

**I consent to this referral and being contacted via phone and SMS to discuss.**

Yes  No

**I consent to Community Qld collecting the above information about me and storing it securely on their database.**

Yes  No

**I consent to my anonymous information being shared with the Department of Health and Aged Care, and state and territory health departments/agencies.**

Yes  No

<b>Full name</b>	
<b>Signature</b>	
<b>Date</b>	

**If in-person consent cannot be obtained, please complete the following:**

**Referrer Declaration of Verbal Consent**

I have spoken with the participant about this referral. I am confident they understand how their information will be used and shared, and they have given informed verbal consent to proceed.

<b>Referrer Signature</b>	
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# Medicare Mental Health Centres in Each MNMHS Catchment Area

Inner North	Strathpine	Caboolture	Redcliffe
RBWH catchment	TPCH catchment	Caboolture catchment	Redcliffe catchment
Albion	Albany Creek	Beachmere – Sandstone Point	Brighton
Alderley	Aspley	Bribie Island	Clontarf
Ascot	Bald Hills	Burpengary	Dakabin – Kallangur
Ashgrove	Boondall	Burpengary East	Deception Bay
Auchenflower	Bracken Ridge	Caboolture	Margate – Woody Point
Bardon	Bray Park	Caboolture – South	Murrumba Downs – Griffin
Bellbowrie – Moggill	Bridgeman Downs	Elimbah	North Lakes – Mango Hill
Brisbane City	Brisbane Airport	Kilcoy	Redcliffe
Brookfield – Kenmore Hills	Carseldine	Morayfield	Rothwell – Kippa-Ring
Chapel Hill	Cashmere	Morayfield – East	Scarborough – Newport – Moreton Island
Clayfield	Chermside	Narangba	
Enoggera	Chermside West	Upper Caboolture	
Enoggera Reservoir	Dayboro	Wamuran	
Fig Tree Pocket	Deagon	Woodford – D’Aguiar	
Fortitude Valley	Eagle Farm – Pinkenba		
Grange	Eatons Hill		
Hamilton	Everton Park		
Hendra	Geebung		
Indooroopilly	Kedron – Gordon Park		
Kelvin Grove – Herston	Lawnton		
Kenmore	McDowall		
Keperra	Northgate – Virginia		
Mitchelton	Nudgee – Banyo		
Mount Coot-tha	Nundah		
New Farm	Petrie		
Newmarket	Samford Valley		
Newstead – Bowen Hills	Sandgate – Shorncliffe		
Paddington – Milton	Stafford		
Pinjarra Hills – Pullenvale	Stafford Heights		
Red Hill	Strathpine – Brendale		
Spring Hill	Taigum – Fitzgibbon		
St Lucia	The Hills District		
Taringa	Wavell Heights		
The Gap	Zillmere		
Toowong			
Upper Kedron – Ferny Grove			
Wilston			
Windsor			
Wooloowin - Lutwyche			