

Darling Downs and West Moreton Primary Health Network

**Child ATAPS Referral Form**  
(for children aged 11 years and under)

**DARLING DOWNS**

GPs completed Mental Health Skills Training: 2715 (at least 20 mins), 2717 (at least 40 mins)  
GPs who have not completed Mental Health Skills Training: 2700 (> 20 mins), 2701 (> 40 mins)  
For children at risk of (do not have a diagnosed Mental Health Condition): Item 36, 44 or 2713

**Complete the ATAPS Referral Form for people aged 12 years and over.**

**Referring Doctor Details**

Provider:	Practice Name:
Provider Number:	Address:
Phone:	Fax:
Date of Referral:	

**Preferred Provider**

Preferred Provider Name:

Phone:	Fax:
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Date of Referral:	Email:
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**Patient Details**

Name:	Date of Birth:
Address:	Age:
	Gender:
Home Phone:	Mobile Phone:
Medicare Number:	Is the child in Out of Home Care?    Yes    No
	Has information about the program been provided? Yes    No

Emergency contact names and contact details:

Current Medication List:

Allergies and Reactions:

**Minimum Data Set information**

<b>Is the person of Aboriginal or Torres Strait Islander Origin?</b> Yes            No	<b>Does the person speak a language other than English at home?</b> Yes            No If yes, specify:
<b>How well does the person speak English?</b>	<b>Highest level of education completed?</b>
<b>Was the person affected by the 2011/2013 floods?</b> Yes            No	
<b>Any known issues that may put the Mental Health Professional or others at risk?</b>	
<b>Has the person ever received specialist mental health care before (public / private, medical, allied health)?</b> Yes            No	

### Family History

List any serious physical or mental health conditions of family members or relatives that may impact on the mental health and wellbeing of the child

### Presenting Issues

Provide a brief description of the child's difficulties and reason(s) for referral (eg, psychological / emotional / behavioural / physical problems / learning difficulties, developmental issues, social or peer issues, family difficulties / attachment, or other)

### Relevant History

### Psycho / Social Functioning

Please provide further information relating to the areas below:

#### Home and Family

(List issues regarding living arrangements, number of siblings, changes of living, transience, parental separation, custody issues, supervision, out of home care, sibling aggression etc)

#### School

Name of School

Grade

Learning issues

**Social / behavioural issues (consider peer relationships, social skills, bullying, aggression, attendance, conduct problems etc)**

#### Eating, Exercise, Sleep

Consider nutrition, eating patterns, weight gain/loss, exercise, fitness, energy, sleep etc

**Safety**

Consider immunisation, domestic violence, bullying, abuse, traumatic experiences, risky behaviour, drug/alcohol abuse, cigarettes, caffeine etc

**Suicide Risk Assessment**

**If the risk is immediate contact the Acute Care Team, Ipswich Hospital 3810 1111 or Toowoomba Base Hospital 07 4616 5210.**

High (ATAPS is not for clients in crisis):

Moderate (Plan, ambivalent):

Low (Suicide Ideation):

Previous Attempt:

Thoughts and/or history of self harm:

Child protection concerns:

**Presenting Problem / Provisional Diagnosis**

**Primary Diagnosis / Presenting Issues**

**Optional:**

Edinburgh Score:

DASS Score:

GAF/CGAS Score:

Kessler 10:

Other:

**Referred for which strategies (select all that apply):**

Diagnostic Assessment:

Psycho-Education:

Interpersonal Therapy:

Narrative Therapy:

Cognitive Intervention:

Behavioural Intervention:

Relaxation Strategies:

Skills Training:

Other CBT Interventions:

**Receiving Psychotropic Medication (select all that apply):**

None:

Benzodiazepines & Anxiolytics:

Anti-depressants:

Phenothiazines & Major Tranquilisers:

Mood Stabilisers:

Other:

**Child Treatment Care Plan**

**Recommended Interventions**

**Emergency Care Plan Discussed:**

**Plan:**

**Was a copy of the plan given to the parent / guardian?**                      Yes                      No

[ddeferrals@artius.com.au](mailto:ddeferrals@artius.com.au)

**Record of Patient Consent**

The patient's parent or guardian consent has been obtained for the collection, use and disclosure of the patient's personal health information                      Yes                      No

The parent(s)/guardian(s) agree to information about the patient's name, date of birth and mental health and wellbeing status being collected, used and disclosed to West Moreton-Oxley Medical Local, Artius Health and the health provider(s) to whom I am referred to assist in the management of my health care.

I am also aware that statistical information (that will be de-identified / will not identify the patient) is being collected and used to assist in improving this program, and I agree to this de-identified information being collected and shared.

Parent / Guardian Name: \_\_\_\_\_ Date:

Parent / Guardian Signature:

Parent / Guardian Contact Details:

Second Parent / Guardian Name: \_\_\_\_\_ Date:

Second Parent / Guardian Signature:

Second Parent / Guardian Contact Details:

*DD & WM PHN is committed to providing you with the highest levels of confidentiality and customer service and this includes protecting your privacy.*

*DD & WM PHN and subcontracted agencies and providers are bound by the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000, which set out a number of principles concerning the protection of your personal information.*

## **Additional Information – Child ATAPS is an ATAPS Program**

The ATAPS Program is part of the DD & WM PHN Program. In the DD & WM PHN region, Mental Health Providers are contracted to deliver the program. Your doctor / GP has referred you to the ATAPS Program to access Focussed Psychological Services for a mental health concern. Participation in ATAPS will require your GP to provide some background information about you to the mental health provider and upon completion of the treatment your mental health provider will provide a report to your GP about your treatment. This information will be securely transferred by the DD & WM PHN to a health service provider used by the DD & WM PHN to manage new referrals to the ATAPS program. The DD & WM PHN and the Service Provider will manage your information in accordance with the Commonwealth Privacy Act 1988 and the Privacy Amendment (Private Sector) Act 2000 and their policies and procedures.

Participation in the ATAPS program requires the above personal and health information being used by the DD & WM PHN and the Service Provider to assess whether the ATAPS Program is meeting its aim. Participation in the ATAPS program also requires that some information will also be provided to the Australian Government's Department of Health and Ageing, who are funding this program however, your name and all other identifiable information will not be passed on.

For the purpose of program evaluation, some of your personal information will also be used by the DD & WM PHN who manage the program funding by the Australian Government Department of Health and Ageing to deliver the ATAPS program within the Darling Downs and West Moreton region. This information will include your name and date of birth as well as information about the type of mental health concern you are experiencing.

## **Access to Information**

Upon written request you may access the material recorded in your file. Permission will need to be obtained from the Mental Health Providers who have supplied the information on your file. Your written request will be responded to within 30 days and an appointment may be made for clarification purposes. Alternatively, you are encouraged to speak to your Mental Health Provider to request access to this information.

## **Confidentiality**

DD & WM PHN is committed to maintaining the highest level of confidentiality in protecting your privacy. The Commonwealth Government has legislation and principles which regulate DD & WM PHN's use of your personal information.

All personal information gathered by DD & WM PHN and the Service Provider will remain confidential except when it is a legal requirement to disclose information that would place you or another person at risk; or when your written consent has been obtained to release the information to a third party.

## **Case Conference**

Your GP and Mental Health Professional may consult or liaise with each other regarding your health concerns. The content of these discussions will remain confidential between your GP and ATAPS provider. Your GP may consult a psychiatrist as part of your Mental Health Plan. Your GP will discuss this action with you first with all information shared remaining confidential between your GP and the psychiatrist.

## **Withdrawal**

If you decide not to be involved in the ATAPS program this will not affect the treatment you receive from your GP in any way. You may withdraw from the program at any time by notifying your GP or ATAPS Provider that you no longer wish to participate.

## **Complaints or concerns**

If you have a concern about the management of your personal information, please initially discuss this with your Mental Health Provider. If you are not satisfied with their response, please feel free to phone the PHN on 07 4688 8155.