



# Could a psychiatrist help you help your patient?

now offers more

## Now offering advice on youth mental health and substance use problems

GP Psych Support provides GPs with patient management advice from psychiatrists within 24 hours.

GP Psych Support has been expanded to provide advice from specialists in both child and adolescent, and drug and alcohol psychiatry.\*

Extensive links to mental health resources and an online chat function are now available at [www.psychsupport.com.au](http://www.psychsupport.com.au).

\*This advice may be provided in more than 24 hours

### To access GP Psych Support:

**Tel** Call **1800 200 588**. You will be asked a few brief questions concerning your enquiry and provided with a time when a psychiatrist will phone you back.

**Fax** Fax **1800 012 422**. Using the faxback form overleaf, please provide details regarding the issue for discussion. A psychiatrist will fax or call you to discuss case details.

**Online** [www.psychsupport.com.au](http://www.psychsupport.com.au) is a secure and password protected website. Log in at [www.psychsupport.com](http://www.psychsupport.com) to submit your question. The psychiatrist's response will be made available to you on the website.

### GP Psych Support:

- is funded by the Australian Government as part of the Better Outcomes in Mental Health Care Program
- has been developed in consultation with GPs to address their need for psychiatrist support
- is available 24 hours a day, 7 days a week
- is not intended to meet the needs of emergencies. These patients should be referred to your normal acute psychiatric emergency service.



Australian Government  
Department of Health and Ageing



## GENERAL PRACTITIONER DETAILS

Name \_\_\_\_\_  
(Full name)

RACGP No \_\_\_\_\_ Date of birth\* \_\_\_\_\_  
(dd/mm/yyyy)

Practice address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Tel ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

\*Required if you do not have or don't know your RACGP number

## PATIENT DETAILS

Do not provide name or date of birth

Gender  M  F Birth year \_\_\_\_\_ Patient ID No \_\_\_\_\_  
(Provide only the YEAR of birth to protect confidentiality) (For repeat cases)

Ethnicity \_\_\_\_\_

## PRESENTING PROBLEM

Mental health history \_\_\_\_\_

Relevant medical history \_\_\_\_\_

Treatments \_\_\_\_\_

## RISK ASSESSMENT

**High risk patients are not appropriate for this service.** Please contact your local mental health crisis team or emergency department.

Please tick: Suicide ideation  no  low  med  high  
 Suicidal intent  no  low  med  high  
 Risk to others  no  low  med  high

## QUESTION(S) FOR PSYCHIATRIST

## PREFERRED METHOD FOR PSYCHIATRIST REPLY

Fax  Telephone call If by telephone, when is the best time to call? \_\_\_\_\_

Fax this form to 1800 012 422 and a psychiatrist will contact you as soon as possible.