**Youth Hospital in the Home (Y-HITH)**

**Referral Form (2 pages)**

**Phone 6159 6436 or 0427 160 426**

**Fax to: 6159 6388 or**

**­ Email to** **youth.hith@health.wa.gov.au**

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| **Referrer:** |
| **Organisation:** | **Date/Time referred:** |
| **Name:** | **Designation:** |
| **Contact number:** |

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| **Referred Patient: UMRN:**  |
|  **Forenames:|** | **Surname: DOB:** |
|  **Address:** |
|  **Contact number:** | **Aboriginal/Torres Strait Islander:** |
|  **Sex assigned at birth Male ☐ Female ☐** | **Gender identity:** |
|  **Any language, cultural or communication requirements ☐ Interpreter required ☐ Language spoken**  |
|  **Known hazards/alerts [e.g. animals, aggression] –**  |
| **Next of Kin/Guardian Parent ☐ Legal Guardian ☐ Partner ☐ Next of Kin ☐ Nominated Person ☐**  |
|  **Forenames:** | **Surname:**  |
|  **Address:** |
|  **Contact number:** |
|  **Any language, cultural or communication requirements ☐ Interpreter required ☐ Language spoken** |

 **Affix Client identification label below:**

**Suitability Checklist:**

**Between 16 and 24 years old Yes ☐ No ☐**

**Willing to participate with Y-HITH treatment Yes ☐ No ☐**

**Has stable accommodation within North Metropolitan Catchment Area Yes ☐ No ☐**

**(If under 18) Parent or guardian consenting to the referral Yes ☐ No ☐**

**(If under 18) Has a support person living at home for the length of Yes ☐ No ☐**

**admission unless considered mature minor**

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| **Current Medications (including allergies):****Presenting problems:****Please attach the current clinical notes including mental state examination and risk assessment to the form:****What are the goals of the referral?****Please indicate any new services identified for the client and if the referral has been sent:****Key investigations and results:** |

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| **Admitting Psychiatrist: Consultant Psychiatrist at YHiTH****Please call YHiTH on 9347 6436 or 0427160 426 to discuss the referral and current bed availability****Discussed with:****Time/Date discussed:** |

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| Please note: This referral does not guarantee the referred person admittance to Y-HITH. The referrer will be contacted by a Y-HITH staff member to arrange a suitability assessment. Once assessment is completed the referrer will be contacted regarding an outcome. |