# SSMH3 – Student referral to a clinical care provider

In accordance with the [Supporting students’ mental health and wellbeing](https://ppr.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.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.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.**