



Fremantle Older Adult Mental Health Service GP referral checklist

Before referring a client to the Fremantle Older Adult Mental Health Service (FOAMHS), please consider the following factors, which can exacerbate existing mental health conditions – especially where confusion and behavioural changes are evident.

- Constipation/gastric upset
- Urinary tract infection (UTI)
- Any other infection such as chest infection, cellulitis etc.
- Relocation. Moving to a new environment can be very unsettling and it is usually best to just observe behaviours during the first six weeks.

Delirium from the above conditions can take a few weeks to settle, even after treatment.

If these conditions are excluded, the **referral chart overleaf** will guide the referral process.

Use of this checklist will enhance the response time and better target the treatment the referred patient will receive.

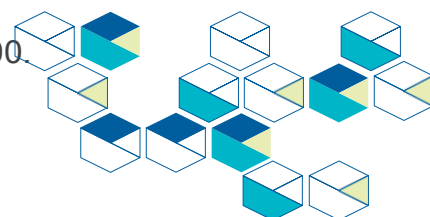
Checklist	Confirm (tick box)
Referral letter from the GP or completed GP referral form including details of GP review within 2 weeks of referral	<input type="checkbox"/>
Details include reason for referral and duration of symptoms	<input type="checkbox"/>
Provide evidence/results of recent organic screen (post onset of symptoms and within last four weeks) as below	<input type="checkbox"/>
Include any other recent investigations which may be relevant	<input type="checkbox"/>
Summarise any known medical or psychiatric history	<input type="checkbox"/>
Provide current medication profile	<input type="checkbox"/>

Organic screen recommendations:

- MSU ■ FBC ■ LFT
- TFT ■ U&Es ■ Random BSL ■ CRP
- Calcium ■ B12 ■ Folate ■ Vit D
- Drug levels (lithium/Sodium Valproate)
- Also consider CT head.

Thanks for providing detailed information.

If you have any questions, please contact FOAMHS Triage 9431 3600.



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Referral Flowchart

