

Fax to Psychology Clinic 06 3502264

Referral Form for Massey Health Conditions Psychology Service

Psychology Clinic PN319 Massey University Private Bag 11222 Palmerston North Phone (06) 350 5180

Name, Address, DOB and NHI: (Attach Patient ID Label if available)

Date: / /

Client Phone No: _____

(For Children) _____

Parent/Guardian Name(s): _____

Person Referring: (Name and Title): _____

Referrer's email/phone/address for acknowledgement: _____

Ethnicity: Māori NZ European Pacific People Asian Other

Referral Source: Diabetes Cardiovascular Respiratory Renal Paediatric Other _____

Diagnosis and current situation	(Please continue on another sheet of paper if necessary)
What would you like Massey Health Conditions Psych Service to assist with?	
Safety: Are there any current safety issues: e.g. suicidal - associated with low mood?	
Brief outline of current treatment including any ongoing medication	
Prognosis	
Other services involved with care or referrals in process?	
Child Only: Are there any Custody/Access or Care and Protection issues? Please describe	

Has the client (client's parents/caregivers) consented to the referral or to being contacted by the Massey Health Conditions Psychology Service? **Please Circle**
Yes / No

Can messages be left on the answer phone/ with family member if the client not available? Yes / No

Client (client's parents/caregivers) would like a support person present at initial appointment? If yes, please indicate who will attend. Yes / No

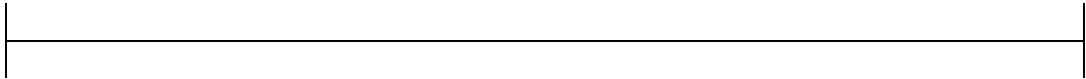
Distress Self-Assessment completed and attached (tick) (If not, please briefly state reason)

Place a mark that, to your knowledge, best describes your patient's pattern of attendance to health services:

Example: 

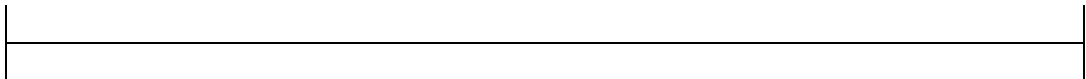
Frequency of attendance to health services

Infrequent (e.g., less than once a year) Medium (e.g., once a month-six weekly) High (e.g., once a fortnight)



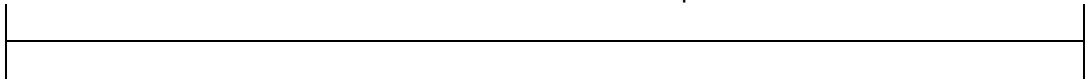
Frequency of admissions to hospital

Infrequent (e.g., less than once a year) Medium (e.g., twice yearly) High (e.g., four times yearly)



Attendance to appointments

Consistently Misses Appointments Sometimes Misses Appointments Attends when Prompted Rarely Misses Appointments



Estimate your patient's adherence to treatments by placing a tick in the appropriate box:

Medication regimen

Unlikely Acceptable Excellent

Exercise and diet

Unlikely Acceptable Excellent

Other Lifestyle changes (e.g., smoking, alcohol)

Unlikely Acceptable Excellent

Level of Motivation

Low Medium High

Estimate your patient's level of urgency by placing a tick in the appropriate box:

Level of Urgency

Low Moderate High

Please discuss:

Referral and General Service Information:

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Before making a referral to the Massey Health Conditions Psychology Service please consider the following:

- Referral Criteria
- Involvement of other health care professionals.

Referral Criteria:

The referral criteria for whether a patient/client is eligible for the Health Conditions Psychology service include:

- Diagnosis of medical condition:
 - Cardiovascular disease (heart failure, chest pain, stroke, congenital heart disease requiring surgery, rheumatic heart disease) – Children, Adolescents and Adults
 - Diabetes,- Children, Adolescents and Adults,
 - Renal – Children, Adolescents and Adults,
 - Respiratory illness (e.g. COPD, Asthma, Bronchiectasis, Cystic Fibrosis, and Pulmonary Fibrosis) – Children, Adolescents and Adults
 - Children and adolescents under the age of 18 years diagnosed with other lifelong or life limiting conditions may be referred in consultation with the service coordinator
- **Severe** symptoms of psychological distress
- Higher frequency patients/clients
- Patients/Clients with low adherence to treatment and medication regimens
- Referrals may also be made for immediate family members/ key support people who have been adversely affected by the chronic condition
- The patient/client is resident within the MidCentral Health District

Involvement of other health care professionals:

We need to be able to work with existing services who are already working with the patient/client to address the issue. In addition, we cannot treat some patients/clients who have been, or should be, referred to more appropriate services. These include:

- Patients/clients requiring psychiatric treatment. If psychiatric treatment is required, a referral should be made to the Community Mental Health Team or (for client under 19 years) to the Child, Adolescent and Family Mental Health Service at MidCentral Health. The exception to this rule is if the psychological condition is **because** of their health problem. If the mental health difficulty is related to their health condition, then the patient/client is eligible.
- Patients/clients eligible for the Psycho-Oncology service. If patients/clients are eligible for the Psycho-Oncology service, then they should be referred to this service.

Additional Information for Referrers:

The Massey Health Conditions Psychology Service is a short to medium term service usually offering up to six sessions. We accept referrals from across the Mid Central region. We encourage clients to access the service at the Massey based Psychology Clinic. Where clients are unable to travel (hospitalised, physically unable), we will see the client in the community or in hospital. We have a DNA policy which is explained to clients in our information sheet including that we request 24 hours notice when changing or cancelling an appointment. In repeated cases of clients failing to attend without notice, we will discharge the client.