

# PRIMARY MENTAL HEALTH SERVICES FIXUS CLIENT REGISTRATION FORM

This is an example registration form for client information on Fixus. It is not considered as an adequate referral form as it does not include screening for eligibility, service prioritising or informed client consent to share information with Murray PHN or the Department of Health.

## Support team

Name of clinician/case allocator:	
Name of provider organisation:	

## Referrer details

Type of organisation:		Referrer profession:	
Referrer name:			
Referrer city/suburb:		Referral date:	

## Client details

Family name:		Given name:	
Date of birth:		Gender:	
Does this person identify as being of Aboriginal or Torres Strait Islander origin?			
Aboriginal	Torres Strait Islander	Both	Unknown No
Main language spoken at home:			
Proficiency in spoken English:	Very well	Well	Not well Not at all
Suburb/town:		Country of birth:	

## Referral details

Recent suicide attempt or risk:	Yes	No	Unknown
GP Mental Health Treatment Plan:	Yes	No	Unknown
Program stream:	PTS general	PTS child mental health	PTS ATSI
	PTS suicide prevention	PTS perinatal depression	M PMHCC
	Other:		
Client consent for anonymised data to be sent to the Department of Health:	Yes	No	

## Diagnosis

Principal diagnosis:			
Additional diagnosis:			
Homelessness:	Not homeless	Sleeping rough	Short term/emergency
Alcohol or substance misuse:	Yes	No	Intellectual disability: Yes No

## Other demographics (optional free text, intake will enter responses or the support team must complete by third session)

Labour force status:	Employed	Unemployed	Not in labour force
Employment participation:	Full time	Part time	NA
Source of cash income:		Health care card	Yes No Unknown
Marital status		NDIS participants:	Yes No