



**Routine Entry and Referral Process**

Process	Standard Tasks	Who
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Referral Received	All referrals (written, phone, in person) are directed to the allocated staff member Received and logs referral	Nominated person – DM, Triage person Team Leader Duty person
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Routine Triage <i>(Referral and Triage Form)</i>	Contact referrer for additional information, if needed Identify NHI number Identify if under care of other MHS Obtain old notes if available Obtain discharge summaries Does the person meet MHS entry criteria? Appropriateness if the referral. Review urgency / potential risk. Level of current distress and dysfunction Make contact with referred client prior to finalising any decision re entry criteria	
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<p>Meets Criteria?</p> <p>yes</p>	<p><b>NO - Exit</b> Letter to client/GP outlining reasons / alternatives to MHS Advise referred client outlining reasons and alternatives to MHS in the community</p>	
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Allocation Process	Referral information presented Allocated for assessment (case-manager / assessing team/ MMH) Contact client to make initial appointment (within 48hrs of referral being accepted) Advise support person attendance is welcomed Referral information filed until comprehensive assessment is undertaken and the clinical file created.	Team Leader Case Manager MMH
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