



Current Programmes

Other Options

Select other options tab.

Select [show all options](#) at the bottom

Patient Screen



Select Patient

Kia ora, WellSouth [logout](#)

Mental Health Brief Intervention - Referral

Patient | Provider | Referral Details | Clinical Details

NHI: Firstname: Surname:

Dob: Age: Gender: Ethnicity:

Patient is Enrolled at this Practice

Provider Screen



Select Patient

Kia ora, WellSouth [logout](#)

Mental Health Brief Intervention - Referral

Patient | **Provider** | Referral Details | Clinical Details

Provider Details

Provider:

Mental Health Brief Intervention - Referral

Patient Provider Referral Details Clinical Details

Referral Date

29/06/2017 

Contact Details

Home Phone

123456789

Email

mmouse@test.co.nz

Work Phone

Preferred Contact Method

Home Phone 

Cell Phone

Address Details

Street

12 Test Street

City

Invercargill

Suburb

Test 

Post Code

1234

Submit Claim

Cancel

Mental Health Brief Intervention - Referral

Patient Provider Referral Details **Clinical Details**

Diagnosis

- Anxiety
- Depression
- Alcohol / Drugs
- Earthquake Distress
- Other

Co-Morbidities

- Asthma
- COPD
- Diabetes
- CVD
- Other

Treatment

- Alcohol Brief Intervention

Reason For Referral

Test reason

Medications

Test Medications

Safety Issues

nil

Additional Information

Submit Claim

Cancel

Summary



Mental Health Brief Intervention Referral Saved ✕

Mental Health Brief Intervention Referral Summary for Mary Mouse (ABC1235)

Referral Date	29 Jun 2017
Contact Details	<ul style="list-style-type: none">• Home Phone: 123456789• Email: mmouse@test.co.nz• Preferred Contact Method: Home Phone
Diagnosis	Anxiety Depression
Co-Morbidities	Diabetes
Alcohol Brief Intervention	No
Medications	Test Medications
Reason for Referral	Test reason
Safety Issues	nil