

Healthy Ageing Service



ST VINCENT'S
HOSPITAL
MELBOURNE

About Us

The Healthy Ageing Service (HAS) supports older people (>65, Aboriginal or Torres Strait Islanders >50) who are experiencing, or at risk of experiencing, mental health concerns.

This Commonwealth funded service is free of charge.

Primary Consultation

HAS offers Psychiatric Assessments for diagnostic clarification, and medication/ treatment recommendations.

Brief Intervention

HAS offers individual mental health support in your own environment. Our support is person-centred and offered by members of our multi-disciplinary team. We also offer Canine Assisted Therapy. We support you and your GP with your mental health goals during our brief intervention.

Group Programs

We offer group programs in community and residential aged care settings that aim to promote mental wellbeing and assist with managing mild mental health symptoms.

Second Consultation

HAS offers a secondary consultation service, whereby GPs/ health professionals can contact us directly for advice related to their patient's mental health and wellbeing. We have doctors and mental health clinicians available to respond to a request on the same day.

We service the following Local Government Areas:

- Banyule
- Knox
- Monash
- Nillumbik
- Whittlesea
- Boroondara
- Manningham
- Maroondah
- Whitehorse
- Mitchell (part)
- Yarra Ranges (part)
- Murrindindi (part)

Our team members include:

Consultant Psychiatrist
Senior Psychiatry Registrar
Mental Health Nurse
Psychologist
Social Worker
Occupational Therapist
Peer Support Worker
Wellbeing Worker
Therapy Dog

Contact HAS to refer:

T. 9231 8443

F. 9231 8503

E. HAS@svha.org.au

phn
EASTERN MELBOURNE

An Australian Government Initiative

The Healthy Ageing Service is supported by
Eastern Melbourne PHN

Healthy Ageing Service

Referral Form



ST VINCENT'S
HOSPITAL
MELBOURNE

Date: _____

Consent to Referral: YES ☐ NO ☐ Medicare Number: _____

First Name: _____ Last Name: _____ D.O.B: _____

Address: _____

Contact Number: _____ Email Address: _____

Gender: _____ Country of Birth: _____ Religion/Culture: _____

Preferred Language: _____ Do you require an interpreter?: YES ☐ NO ☐

ATSI: ☐ Aboriginal ☐ Aboriginal and Torres Strait Islander ☐ Torres Strait Islander

Marital status: ☐ Married ☐ De-facto ☐ Single ☐ Widowed ☐ Divorced

Employment status: ☐ Employed F/T ☐ Employed P/T ☐ Unemployed ☐ Retired

Income: ☐ Pension: ☐ Superannuation ☐ NDIS ☐ Healthcare Card

Summary of concerns/ what you are hoping this referral to assist with:

GP Details:

Name: _____ Clinic: _____ Contact: _____

Referrer Details: Tick here if GP referrer: ☐

Name: _____ Profession: _____ Company: _____

Emergency Contact Details:

Name: _____ Relationship: _____ Contact: _____

Please attach any recent investigations, medication charts and relevant correspondence.
Please fax 9231 8503 or email HAS@svha.org.au this form, we will respond to your referral within 2 working days.