

Suggested Template 2 – For commissioned providers receiving direct referrals (redirecting to MMH Intake)

Subject: Referral received for **XXXX** and future referral pathway

Dear [Referrer name],

Thank you for your referral for **XXXX [consumer name / DOB if appropriate]** to [provider name]. We acknowledge receipt of the referral and have accepted it for processing.

For future referrals, we kindly ask that referrals be submitted via Medicare Mental Health intake, which is the preferred referral pathway for mental health services in our region. The Medicare Mental Health intake service is delivered by a dedicated intake workforce of clinical and lived experience practitioners, co-located with MH CALL, enabling a “no wrong door” approach to access.

Through this central intake model:

- Each referral undergoes initial assessment (IAR-DST) to determine need
- Consumers are connected to the right level of care at the right time
- Referrals can be directed across a broad suite of services, including:
 - Commissioned mental health services
 - Non-commissioned services
 - Private providers and alternative care options in the region

This approach helps improve system navigation, reduce duplication, and ensure people are matched to the most appropriate supports based on their needs and circumstances.

How to submit a referral:

- **GPs:** can access the referral form via HealthLink within their clinical software (HealthLink SmartForm)
- **Other health and community sector professionals:** can submit referrals via the secure [Medicare Mental Health webform](#)

We encourage use of this pathway to support coordinated care and the best possible outcomes for consumers.

For further information, please visit [Medicare Mental Health intake and eReferrals](#).

If you would like to discuss this referral further, please contact us on **[phone/email]**.

Kind regards,
[Name]

[Position]
[Organisation]