



Mental Health Self-Referral Form

This service provides person-centred, psychological support and strength-based strategies for people whose lives have been **directly impacted by the ongoing drought and are experiencing mild to moderate mental health symptoms**. This service is currently being offered in **Barraba, Gunnedah, Manilla, Quirindi, Tamworth and Walcha**.

Client Details:

Name: _____ DOB: ____ / ____ / ____ Gender: _____

Address: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____

Reason for referral:

Access to support may be face to face or by phone/ skype depending on the client's needs and location.

Please select your preferred option:

Face to face

Phone

Skype

Parental/Guardian consent is required for clients under 18 years:

Parent/Guardian: _____ Relationship to client: _____

Address: _____ Contact: _____

Referrals can be faxed to 1300 452 059 or emailed to mentalhealth@healthwisenenw.com.au

For more information, please contact HealthWISE 1800 931 540

**PLEASE NOTE HEALTHWISE IS NOT A CRISIS SERVICE
IF ANY PERSON IS AT IMMEDIATE RISK OF HARM
PLEASE CALL 000**

HealthWISE

T: 1800 931 540

F: 1300 452 059

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HealthWISE
Mental Health · Allied Health · Aboriginal Health