Mental Health Self-Referral Form - Drought

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 Armidale, Ashford, Barraba, Bingara, Bundarra, Glen Innes, Gunnedah, Inverell, Manilla, Moree, Mungindi, Narrabri, Quirindi, Tamworth, Tenterfield, Uralla, Walcha, Warialda and Wee Waa.

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@healthwise.org.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**