**SPI Aftercare Self-Referral Form**

This service provides person-centred, psychological support and strength-based strategies for family members and friends whose lives have been **directly impacted by suicide or a suicide attempt in the past twelve months.** 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle) Pension/Health Care Card: Yes / No Aboriginal/Torres Strait Islander: Yes / No

Reason for referral: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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□ Patient has consented to this referral □ Consented to be contacted via text/email message

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE NOTE HEALTHWISE IS NOT A CRISIS SERVICE.**

**IF ANY PERSON IS AT IMMEDIATE RISK OF HARM PLEASE CALL 000**

**PLEASE SEND REFERRAL TO**

**FAX: 1300 452 059**

**or**

**Email: mentalhealth@healthwise.org.au**

**FOR MORE INFORMATION**

**Phone** (02) 6766 1394

**Website** www.healthwise.org.au