

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: _____

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