



HealthWISE
MENTAL HEALTH SERVICES

MENTAL HEALTH Self-referral form - BUSHFIRES

This service provides person-centred, psychological support and strength-based strategies for people whose lives have been **directly impacted by Bushfires and who are experiencing mild to moderate mental health disorders**. This service is being offered across the New England and North West NSW region.

Name _____ Today's date: / /

Date of birth / / Gender *click/tap to select* M F prefer not to say

Address _____ Postcode _____

Mobile _____ Landline _____

Email: _____

Reason for referral (How can we help?) *please fill below:*

Usual GP _____ Phone number _____

GP address or practice name _____

Your GP will be notified of this referral.

Parental/Guardian consent is required for clients under 18 years

Parent/Guardian _____ Relationship to person _____

Address _____ Phone _____

Please email completed form to mentalhealth@healthwise.org.au or **fax to 1300 452 059**

WHEN WE RECEIVE YOUR COMPLETED FORM WE WILL CONTACT YOU BY PHONE OR EMAIL TO ARRANGE AN APPOINTMENT.

For more information, contact HealthWISE **1800 931 540**

FOR CRISIS SERVICES PLEASE CALL 000



HEAD OFFICE:
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Tamworth 2340 NSW

HealthWISE
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