



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 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:
213 Peel St
Tamworth 2340 NSW

HealthWISE
T: 1800 931 540 F: 1300 452 059
E: mentalhealth@healthwise.org.au
W: healthwise.org.au