



SPI Aftercare Self-Referral Form Mental Health Lived Experience Worker

This service provides support within a person centred, trauma informed and holistic coordinated program. SPI aftercare is for family, friends and community members whose lives have been **impacted by suicide or a suicide attempt**. This service is currently being **offered throughout the New England North West including Tamworth, Walcha, Inverell, Moree, Gwydir, Armidale, Uralla, Glen Innes, Guyra, Tenterfield, Narrabri, Gunnedah, Liverpool Plains and Quirindi**.

Date ____/____/____

Name: _____ DOB: ____/____/____ Gender: _____

Address: _____ Postcode: _____

Mobile phone: _____ Email: _____

Do you identify as Aboriginal/Torres Strait Islander: Yes / No Culturally or Linguistic Diverse Yes /No

If you are referred with help of an organisation/service please provide details below.

Name: _____ Position: _____

Organisation: _____ Contact: _____

Reason for referral:

GP _____ Surgery _____ Contact _____

Client has consented to this referral and to be contacted via text/email message

Access to support may be face-to-face or by Telehealth depending on a number of factors including COVID 19.

Parental/Guardian consent is required for clients under 18 years:

Parent/Guardian: _____ Relationship to client: _____

Address: _____ Contact: _____

**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 1800 931 540 Website www.healthwise.org**