

Social and Emotional Mental Health Aboriginal and Torres Strait Islander Self-Referral Form

This program offers a range of confidential clinical supports and is offered to support Aboriginal or Torres Strait Islander people.

Name: _____

DOB: _____ Gender: ☐ Male ☐ Female ☐ Other Medicare number: _____

Address: _____ Postcode: _____

Phone number: _____ Email: _____

Cultural identity: Aboriginal: Yes/No or Torres Strait Islander: Yes/No

Income: ☐ Centrelink benefits ☐ Employee income or ☐ Other:

Who is your usual doctor: _____ Contact details _____

Reason for referral?

Is anyone else helping you?

Client signature: _____ Date: _____

Thank you for completing this referral form. You will be contacted by HealthWISE mental health services once your referral has been triaged and assessed.

Please forward signed and completed referral forms to the HealthWISE Mental Health Services on one of the following methods;

FAX: 1300 452 059 or

For more information:

Phone: 1800 931 540

Email: mentalhealth@healthwise.org.au

HealthWISE is not an acute or crisis service.