

# MENTAL HEALTH SERVICES

## Self-Referral Form

Please choose the appropriate program:

### New England and North West (NENW - New South Wales):

- Community Based Suicide Prevention (Suicide Prevention Initiative):**  
For people impacted by suicide including bereavement, ongoing suicidal thoughts, caring for a loved one during suicidal crisis, having survived a suicide attempt or experiencing trauma related to suicide eg: first responders.
- RACF (Residential Aged Care Facility):**  
Psychological therapy to residents of residential aged care facilities living with a mental illness, who have mild to moderate symptoms, common mental illnesses or are at risk of developing a mental illness over the following months.

### Darling Downs West Moreton (DDWM - Queensland):

- Psychosocial Support Services, Southern Downs and Ipswich:**  
Psychosocial support for people with complex long term mental illness able to be managed in primary health care. For those aged 16 years and over not on National Disability Insurance Scheme.

### Head to Health:

If you are unsure what program is suited to you please call Head to Health on 1800 595 212 or visit [www.headtohealth.gov.au](http://www.headtohealth.gov.au) for programs in your area.

Full name	<input type="text"/>	DOB	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-binary	<input type="checkbox"/>	Pronouns	<input type="text"/>	
Address	<input type="text"/>						
Town	<input type="text"/>					Post Code	<input type="text"/>
Phone	<input type="text"/>		Medicare number	<input type="text"/>			
Email	<input type="text"/>						
Cultural Identity:	<b>Aboriginal</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Torres Strait Islander</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Culturally and linguistically diverse (CALD)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Do you require an interpreter?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

### Your regular GP

Full name	<input type="text"/>	Phone	<input type="text"/>
Practice	<input type="text"/>		

### Emergency contact

Full name	<input type="text"/>	Phone	<input type="text"/>
-----------	----------------------	-------	----------------------

# MENTAL HEALTH SERVICES

## Self-Referral Form

### How can HealthWISE help you?

*Tick all that apply below:*

- Managing my mental health
- Social skills and connection, including family connections
- Day to day living skills including help accessing financial support and budgeting
- Finding and maintaining a home
- Maintaining physical wellbeing, including exercise and linking with health professionals
- Building broader life skills including confidence and resilience
- Support with Suicide Prevention (NENW only)
- Support for grief and loss
- Trauma informed emotional regulation skills building

*Or tell us in more detail:*

**HEALTHWISE IS NOT A CRISIS SERVICE  
IF ANY PERSON IS AT IMMEDIATE RISK PLEASE CALL 000**

**PLEASE SEND REFERRAL TO**  
email **mental.health@healthwise.org.au** or FAX **1300 452 059**  
Alternatively, referrals can also be sent via Medical Objects or SeNT referrals (NSW)

**FOR MORE INFORMATION**  
Phone **1800 931 540** or email **mental.health@healthwise.org.au**

Website **www.healthwise.org.au**