

Natural Disasters Mental Health Support Referral Form

This service provides person-centred, psychological support and strength-based strategies for people whose lives have been **impacted by Natural Disasters such as Bushfires, Drought or COVID-19 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 _____ DOB ____ / ____ / ____ Gender _____

Address _____ Postcode _____

Mobile _____ Landline _____

Email: _____

Natural Disaster (Type) _____

Reason for referral (How can we help?)

Usual GP _____ Contact number _____

GP address _____

Your GP will be notified of this referral.

Parental/Guardian consent is required for clients under 18 years

Parent/Guardian _____ Relationship to person _____

Address _____ Contact _____

When we receive your completed form we will contact you by phone or email to arrange an appointment.

Please email to mentalhealth@healthwise.org.au

or

Fax to 1300 452 059

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

FOR CRISIS SERVICES PLEASE CALL 000