MENTAL HEALTH SERVICES
General Self-Referral Form

HealthWISE
Creating Healthier Communities

HealthWISE offers a range of mental health services to support individuals in New England North West and Southern Downs and Ipswich in QLD. Once you fill out your details and send the referral form to HealthWISE our team will look at your information and find the best program to help you.

Full name _____ **DOB** ___ / ___ / ___

Gender ☐ Male ☐ Female ☐ Non-binary ☐ _____ **Pronouns** _____

Address _____

Town _____ **Post Code** _____

Phone _____ **Medicare number** _____

Email _____ **Date** ___ / ___ / ___

Cultural Identity: **Aboriginal** ☐ Yes ☐ No **Torres Strait Islander** ☐ Yes ☐ No

Culturally and linguistically diverse (CALD) ☐ Yes ☐ No **Do you require an interpreter?** ☐ Yes ☐ No

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Your regular GP

Full name _____ Phone _____

Practice _____

Emergency contact

Full name _____ Phone _____

Preferred method of contact ☐ Letter ☐ Email ☐ Text message ☐ Phone call

How can HealthWISE help you?

PLEASE SUBMIT REFERRAL TO
email **mental.health@healthwise.org.au** or FAX **1300 452 059**
For more information phone **1800 931 540**

QIC Quality Innovation Performance ACCREDITED
ABN 48 603 486 442

phn DARLING DOWNS AND WEST MORETON
An Australian Government Initiative

phn HUNTER NEW ENGLAND AND CENTRAL COAST
An Australian Government Initiative

WELCOME HERE

HealthWISE
T: 1800 931 540 **F:** 1300 452 059
E: mental.health@healthwise.org.au
W: www.healthwise.org.au