

# MENTAL HEALTH SERVICES

## Universal Aftercare

### Service & Self-Referral Form

Universal Aftercare is a non-clinical, free service which supports people experiencing a suicidal crisis or who have attempted suicide and Families or carers of a client impacted by suicide in New England North West of NSW. A dedicated support coordinator will assist you to develop a personalised plan based on your needs. Support can include:

- Creating a support plan that focuses on your long-term recovery.
- Connecting you with services, such as mental health supports, community groups, financial support, or relationship counselling.
- Making a safety plan so you know what to do and who to call if you feel distressed.
- Providing access to formal and informal support to help your recovery

### HealthWISE is not a crisis service.

If you or the person being referred needs immediate support, please reach out to:

**Lifeline:** 13 11 14

**Suicide Call Back Service:** 1300 789 978

**13 YARN:** 13 92 76

**Beyond Blue:** 1300 22 46 36

**MensLine Australia:** 1300 789 978

**Headspace:** 1800 650 890

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**Date**        /        /

**Referral type:**    Self-referral        Family/Friend/Carers/Kin referral        Service referral

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### Referrer Details (if not self-referral)

#### Organisation Name (if applicable):

**Name**

**Position**

**Phone**

**Email**

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### Consent:

I acknowledge that the person consents to this referral being made, and the information being shared with the service provider.

**See next page to complete client details.**

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

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### Service & Self-Referral Form

#### Client Details

**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

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

**Preferred appointment type**     Face-to-face     Telehealth     No preference

**Do you require an out of business hours appointment**     Yes     No

**Have you/ the person experienced or currently experiencing any of the following?** Tick all that apply.

Recent suicide attempt     Suicidal crisis     Suicidal ideation     Impacted by a death by Suicide

**Have you or the person recently completed a safety plan?**

Please note: A safety plan belongs to the person being referred. If consent is given it is preferable that you attach the safety plan .

Yes     No     Yes, however it requires updating

*How can we help?*

*Are you already supported by other agencies to help you?*

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