**External Services Referral Form**

**Eligibility Criteria:**

* Anyone over the age of 18+ and who reside in the Greater City of Geelong area (NB: if someone resides outside of this area and has a connection with Geelong – for example, work, study, health appointments – then Geelong Head to Health can support these individuals)
* People experiencing distress, feeling overwhelmed (including thoughts of suicide and self-harm) or worried about themselves and do not need urgent medical attention, and
* We also offer support for carers and families of people experiencing distress.

**What We Offer:**

* We are a free service
* No appointment necessary – individuals can walk into the centre at any time during our open hours (Monday to Friday 12 noon to 9pm and Weekends/Pubic Holidays 1pm to 6pm)
* Mental health support for people in distress (please note GHTH is not a crisis service – please call the Barwon Health mental health phone triage team on 1300 094 187)
* Short-term mental health and wellbeing support (up to 3 months).

Service navigation and helpful, relevant information to connect people to the most appropriate ongoing support

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| **Guest Information:** |
| Last name: Click to enter text. | First name: Click to enter text. | Preferred name: Click to enter text |
| Date of birth: Click to enter text. | Sex: Click to enter text. | Gender: Click to enter text. |
| Pronouns: Click to enter text. | Country of birth: Click to enter text. |
| Status:[ ]  Aboriginal [ ]  Torres Strait Islander [ ]  Both [ ]  Neither  | Interpreter required: [ ] Yes [ ] No |
| Primary language spoken: Click to enter text. |

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| **Additional Information:** |
| Contact number: Click to enter text. | Email: Click to enter text. |
| Address:Click to enter text. | Suburb:Click to enter text. | Postcode:Click to enter text. |
| Employment:Click to enter text. | Full time or part time:Click to enter text. |
| Income source: Click to enter text. | Marital status: Click to enter text. |

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| Emergency contact name: Click to enter text. | Emergency contact number: Click to enter text. |
| Relationship to you: Click to enter text. |

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| **GP details:** |
| Name: Click to enter text. |
| Address: Click to enter text. | Suburb: Click to enter text. |
| State: Click to enter text. | Postcode:Click to enter text.  | Contact number: Click to enter text. | Email: Click to enter text. |

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| **Referrer Details:** |
| Name: Click to enter text. |
| Profession: Click to enter text. | Email: Click to enter text. |
| Contact number: Click to enter text. | Organisation: Click to enter text. |

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| **Current situation:**(Include past mental health/ AOD history and any past/ present risks such as suicide/ self-harm/ family violence/ AOD) - **Please include any supporting documentation if available, e.g., K10, IAR, SDQ, MARAM** |
| Click to enter text. |
| **Current supports:** (if any) |
| Click to enter text. |

**Desired outcome:** (of GHtH contact)

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| Click to enter text. |

Please return this form to 03 5294 4274 (fax) or email GeelongHeadtoHealth@neaminational.org.au if email is secure. Otherwise, call the daily shift coordinator on 0484 356 537 to discuss any referrals.