## MindHealth Referral Form



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Mind Health is a free low intensity telephone and online counselling service for people aged 15 years and older who live in the Hunter New England and Central Coast Primary Health Network region. The service can offer a one-off counselling session or up to three call back sessions.

This is an interactive (editable) PDF. Please complete the information on this form, save a copy and email to <b>mindhealth@lifeline.org.au</b> and a counsellor will call your client.
Date of Referral (dd/mm/yyyy) I I
Referrer Details:
Relationship to client
Name
Organisation (if applicable)
Address
Postcode Phone ( )
Fax ( ) Email
Client Details:
Name
Date of birth (dd/mm/yyyy) / / / Gender
Address
Postcode
Phone ( ) Preferred time to call
Email
<ul> <li>○ Aboriginal</li> <li>○ Non-Indigenous</li> <li>○ Torres Strait Islander</li> <li>○ Aboriginal and Torres Strait Islander</li> <li>○ Unknown</li> </ul>
Language spoken at home
Interpreter required O Yes O No If yes, language spoken:
Emergency contacts
Client consent for referral

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Referral Details:	
Reason for referral	
Client presentation	
K10 score or other measure if available	
Comments	