

Midwest Mental Health Self-Referral Form

Eligibility Criteria

- Experiencing low income, financial difficulty or job insecurity
- Permanent resident of the Midwest region
- Not in crisis or in need of urgent assistance

Your Details

Name:		D.O.B:
Address:		
Home Phone:		Mobile:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other: <input type="checkbox"/>		
Interpreter Required: Yes <input type="checkbox"/> No <input type="checkbox"/>		Language:
Do you identify as:		
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander <input type="checkbox"/> Neither <input type="checkbox"/>		
Parent/Guardian Name (if under 16) or NoK:		Phone:
Health Care Card No:		Expiry:

Your GP Details

Name:	Phone:
Address:	Practice/Organisation:

Why do you want to see a counsellor?

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Is there any other Mental Health/Medical History that we should know about?

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☐ I consent to 360 Health + Community discussing my care with my doctor if appropriate.

Client's Signature:	Date:
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<p align="center">Email to: mail.admin@360.org.au</p> <p align="center">Or bring to our offices at 1B/8 Chapman Road, Geraldton</p>	
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