**Country Wellness Connections**

Referral Form

For people aged 16 and over who are experiencing mental illness that significantly impacts on their daily life and require support to manage their wellbeing, daily activities and participate in their community

***Please email to admin@cobh.org.au, fax referral to (08) 8312 2506***  
*or phone (08) 8643 5600*

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| --- | --- | --- | --- |
| Full name on Medicare card |  | | |
| Preferred name (s) |  | Date of Birth |  |
| Email |  | Gender |  |
| Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Are there any restrictions regarding how or when we contact you?: | | | |
| Address Residential: Postcode: | | | |
| Address Postal: Postcode: | | | |
| Name of Emergency contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Consent to share information: Yes ☐ No ☐  Pronoun your emergency contact uses for you (e.g. he/him, she/her, them/them): | | | |
|  | | | |
| **Name of Referrer** |  | Date |  |
| Referrer profession |  | Organisation |  |
| Agency Address |  | | |
| Phone |  | Fax |  |
| Email |  | | |

**Reasons for referral** (i.e. connection to supports required to manage wellbeing, daily activities and participate in the community as a result of mental illness)*.*

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| *This must be completed* |

**Other agencies or supports involved** (*please list*)

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*Country & Outback Health is not an emergency service, our operating hours are 9am-5pm, Monday to Friday. The following telephone support services are available 24 hours a day, 7 days a week;*

*Mental**Health**Emergency* ***13 14 65,*** *healthdirect* ***1800 022 222,*** *Regional**Access* ***1300 032 186,*** *Lifeline* ***13 11 14,*** *Kids Helpline* ***1800 55 1800.***

*If you require immediate support or medical assistance contact Emergency Services on 000 or go to your local hospital.*