



Referrals - important information for referring professional

If you wish to refer a client for counselling or therapeutic services please use the following form and provide as much information about your client as possible.

We will aim to get in touch with them within two business days after receiving your referral.

Has your client disclosed thoughts of suicide or self-harm and have indicated they are likely to carry it out? If so, please do not continue with this referral.

Wisemind is not an acute service. Call triple zero (000) or the Mental Health Emergency Response Line 1300 555 788 (Perth) or 1800 676 822 (Peel region).

If your client meets any of the following criteria we can't accept the referral as other health professionals are more appropriate.

- Currently abusing drugs and/or alcohol or other substances.
- Receiving in-or-outpatient treatment for drugs and/or alcohol or other substance abuse.
- Complex mental ill health/co-morbidities such as, but not limited to: Cluster A, B or C personality disorders, Bipolar Affective Disorder (type 1 and 2), Schizophrenia, Schizoaffective Disorder.
- Currently homeless or imminently at risk of becoming homeless.
- Clients who require court-mandated counselling/therapy.



Referral for counselling or therapeutic services

Please email completed form to wisemindperth@gmail.com

Date:

Referrer (Your name):

Agency/organisation:

Phone number: **Email:**

Do you require updates and/or confirmation that your client has attended their appointments?
Have you discussed this with them?

(please circle) Yes No

If yes, your client will need to sign a consent form in order to release that information. This will be included in their welcome pack once an appointment with us has been scheduled.

Which service/s are you referring your client for?

- Individual counselling (adult)
- Children (3 – 12 years)

Client name (caregiver/parent if referral is for a child):

Child's name (if applicable):

Client date of birth (child's DOB if referral is for them):

Contact details (required)

- Email
- Phone
- Address

Is it okay to leave voicemail messages, emails and/or SMS? (Required) Tick appropriate boxes if yes.

Email

Voicemail

SMS

No messages or emails are to be left for this client

Health information

Please provide as much information as you can.

Current medications:

Medical conditions:

Required mental health information

Has your client been diagnosed with a mental health issue or condition? If so, please provide details:

Risk level:

Has your client disclosed thoughts or intention of harm to themselves or another person?

If yes, has risk management been completed? If so, please provide any relevant information (emergency contact/mental and health info, method, plan, intention etc.)

- **If your client is high risk, please do not continue with this referral. You can:**
 1. Contact the Mental Health Emergency Response Line (MHERL) available 24 hours on **1300 555 788 (Perth)** or **1800 676 822 (Peel region)**. More information is available [on their website](#).
 2. Refer client to closest Emergency Department and put 'Psychiatric Emergency' on your referral.

Short summary of presenting issues and/or goals for counselling:

Thank you for your referral.

Lauren Walker

Wisemind Perth

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