

# WELLBEING COUNSELLING Self-Referral Form



## TO BE ELIGIBLE YOU MUST MEET ALL FOUR CRITERIA BELOW

1. Must be financially disadvantaged (e.g. Health Care Card or unemployed) or not have access to alternative care
2. 18 years or older
3. Not have previous mental health concerns
4. Currently not in crisis or in need of urgent assistance

**REFERRAL WILL NOT BE ACCEPTED IF ALL INFORMATION IS NOT COMPLETED**

## CLIENT DETAILS:

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_  
Preferred name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
Postal Address (if different from above): \_\_\_\_\_  
Pension Card/HCC No: \_\_\_\_\_ Expiry: \_\_\_\_\_

## IMPORTANT: Please complete the following questions

Do you identify as:  Aboriginal  Torres Strait Islander  Both  Neither  
Gender:  Male  Female  (Indeterminate/Intersex/Unspecified)  
Type of employment:  Unemployed  Full-time  Part-time  Not in Labour Force  
Source of Income: \_\_\_\_\_  
Homelessness:  No  Short-term Emergency  Sleeping Rough  
Marital Status:  Widowed  Married/Defacto  Never Married  Divorced/Separated  
Country of Birth: \_\_\_\_\_ Perinatal:  Yes  No  
Main Language Spoken at Home:  English Only  Other (please state): \_\_\_\_\_  
Has access to telehealth:  Yes  No (please provide email for TEAMS invite)

## GP DETAILS: You must provide your GP details

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Practice/Organisation: \_\_\_\_\_  
Address: \_\_\_\_\_

**Please continue to next page**

**PLEASE GIVE A BRIEF REASON FOR YOUR REFERRAL:**

**CONSENT: Please read and sign**

I give consent for my GP to be contacted if required to discuss this referral.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return this completed form and any other relevant documentation to Amity Health via  
Email: [query@amityhealth.com.au](mailto:query@amityhealth.com.au)  
For enquiries please contact the Amity Health Mental Health team on 08 9842 2797**

**INFORMATION FOR CLIENT:**

**Amity Health will contact you via phone. Please contact  
Amity Health on 08 9842 2797 to book an appointment if you have not heard from us in 7 days.**

**This is a funded program through WA Primary Health Alliance, there is no cost to use this service.**