

MensLine Australia

Referral Form



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MensLine Australia is a free telephone and online counselling service for men with emotional health and relationship concerns.

This is an interactive (editable) PDF. Please complete the information on this form, save a copy and email to **MensLine@ontheline.org.au** and a counsellor will call your client.

Date of Referral (dd/mm/yyyy) / /

Referrer Details:

Relationship to client

Referrer name

Name of organisation

Phone ()

Email

Referring to Service Type Multi Session

Client Details:

Name

Date of birth (dd/mm/yyyy) / / **Gender**

Address

Postcode

Phone () **Preferred time to call** Morning Afternoon Evening

Email

Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander
 Non-Indigenous Unknown

Language spoken at home

Interpreter required Yes No **If yes, language spoken:**

Emergency contacts (if client is under 18)

Client consent for referral Yes No

Client consent to receive an SMS from MensLine Yes No

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Referral Information:

Reason for referral (Please describe reason for referring client to MensLine)

- | | | |
|--------------------------------------|---------------------------|--------------------------|
| Current suicidal risk | <input type="radio"/> Yes | <input type="radio"/> No |
| Current suicidal thoughts | <input type="radio"/> Yes | <input type="radio"/> No |
| Current suicidal plan | <input type="radio"/> Yes | <input type="radio"/> No |
| Current suicidal intent | <input type="radio"/> Yes | <input type="radio"/> No |
| Suicide attempt in the last 3 months | <input type="radio"/> Yes | <input type="radio"/> No |

Relevant history

Other Risks

Self-harm (Thoughts/Plan/Intent)

Yes

No

Relevant history

Risk to others (Thoughts/Plan/Intent)

Yes

No

Relevant history