

# MensLine Australia

## Referral Form

### 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 [MensLineAustralia@lifeline.org.au](mailto:MensLineAustralia@lifeline.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

### Referral Information:

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

**Current suicidal risk**  Yes  No

**Current suicidal thoughts**  Yes  No

**Current suicidal plan**  Yes  No

**Current suicidal intent**  Yes  No

**Suicide attempt in the last 3 months**  Yes  No

**Relevant history**

### Other Risks

Self-harm (Thoughts/Plan/Intent)

Yes

No

Relevant history

Risk to others (Thoughts/Plan/Intent)

Yes

No

Relevant history