



Armajun (Inverell) SEWB / Mental Health Referral Form

This service provides treatment to people who are experiencing **mild to moderate mental disorder**.

Client Details

Name _____ DOB _____ M / F

Address _____ Postcode _____

Phone _____ (mob) _____ email _____

Parents / Guardian Names (if client is under 18 years of age) _____

REFERRER _____ Date ____/____/____

Address _____ Postcode _____ Phone _____

Fax Number _____

Patient has a Mental Health Treatment Plan Patient has consented to this referral

Consented to be contacted via phone

Presentation Details:

Details of the client's presenting issue/s or mental illness (or child's risk of developing a mental illness):

For clients with severe or acute mental illness please contact the Mental Health Line on 1800 011 511. In the case of an emergency, please call 000.

PLEASE EMAIL REFERRAL FORM TO SOCIAL & EMOTIONAL WELLBEING / MENTAL HEALTH WAITLIST

Nhunt@armajun.org.au

FOR MORE INFORMATION

Phone Meegan on 0456 594 486 or **Email** mmcspedden@armajun.org.au