## Free individual mental health counselling supports for flood affected communities

Marathon Health’s Flood Recovery Wellbeing Program is a low intensity counselling service focused on supporting people 16 years old and over, through difficult times. The service provides 6 to 10 free individual sessions, responsive and personalised to client needs. Sessions are offered in person, via phone or via telehealth (video-call), dependent on availabilities and preferences.

**Please note, this is not a crisis service.**

Appointments are available between 9am to 5pm Monday through Friday dependent on location.

Thank you for referring your client. To help us understand your client’s needs, please complete all sections of this referral form. Please email referrals to **mental.health@marathonhealth.com.au**

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| --- |
| Personal details |
| First name: | Surname: |
| Preferred name: | DOB: |
| Gender: | Pronoun(s): |
| Contact details |
| Phone:Can we leave a voice mail?  | Mobile:[ ]  Yes [ ]  No |
| Email: |
| Address:  | Suburb: Postcode: |
| Indigenous status |
| [ ] Aboriginal [ ] Torres Strait Islander [ ]  Both Aboriginal & ☐Neither Aboriginal or [ ] Prefer not to say Torres Strait Islander Torres Strait Islander |
| Cultural background |
| Cultural and Linguistic (CALD) background?  | [ ]  Yes [ ]  No | Interpreter required? [ ]  Yes [ ]  No |  |
| If ‘yes’, what is the preferred language? |

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| --- |
| Next of kin |
| Name: | Phone: |
| Relationship to person: |
| Current supports |

**Is the person being referred currently receiving support from one or more of the following? (Please provide name of practitioners if known)**

[ ]  Psychologist [ ]  Psychiatrist

[ ]  GP [ ]  Counsellor

[ ]  Community Mental Health [ ]  Other:

|  |
| --- |
| Eligibility criteria of person being referred: |
| [ ]  Is aged 16 or above [ ]  Would benefit from low intensity short term counselling[ ]  Not experiencing Mental Health crisis  |
| Mental health concerns |
| Current or past mental health concerns: |
| Client safety |
| **Any current suicidal risk factors: (please provide details how long ago, frequency)**[ ]  Suicidal ideations [ ]  Suicide attempts [ ]  Self-harm Additional Information: Do they have a safety plan [ ]  Yes [ ]  NoIf yes, please attach documentation: |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| Referrer information |
| GP name: | Practice: |
|  |
|  |
| Phone: |  |
| Email: |

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| Please describe the reason for referral: |

Please email referrals to **mental.health@marathonhealth.com.au**

**Once referral is received, an Assessment Officer will contact the client to discuss eligibility for the program. Once completed, an outcome of the referral will be provided to the referring GP.**

**For more information call Marathon Health on 02 6941 9040.**