Strong Minds Program

Referral form

The Strong Minds Program provides **free** and effective psychological services for people living in regional, rural and remote NSW. The program is funded by the Western NSW Primary Health Network.

Strong Minds delivers short-term, focused psychological services for people with a diagnosable **mild to moderate mental health concern**. The service offers up to 12 free counselling appointments delivered by trained and experienced mental health clinicians.

Strong Minds is not a crisis service. If you or the person you are supporting is presenting with acute mental health support needs, please immediately contact emergency services on triple zero (000) or attend your nearest emergency department.

Please send completed referral form via email to mental.health@marathonhealth.com.au.

Health providers can send via Health Link using the HealthLink EDI: **mhmntalh**

For individuals and/or carers requiring more information who would prefer to complete a referral over the phone please, reach out to the **Strong Minds Intake Team on 02 6941 9040.**

Please complete all the details below.

Referrer details

Referrer information	
Your name:	Organisation:
Are you referring yourself or someone else?	☐ Yourself ☐ Someone else
Relationship to person being referred:	
Type of support provided:	
Referrer phone:	
Referrer email:	
Consent for referral: If you are formally referring a person, have they given permission to have the referral made on their behalf to the Strong Minds Program? ☐ Yes ☐ No – unable to proceed Is short term psychological interventions the support required? ☐ Yes ☐ No	
Reason for referral – Please describe the reason for referral:	

Referred applicant details

Personal details		
First name:	Surname:	
Preferred name:	DOB:	
Gender:	Pronoun(s):	
Contact details		
Phone number:	Can we leave a voice mail or SMS? ☐ Yes ☐ No	
Can we contact you by email? ☐ Yes ☐ No	If yes, please provide email:	
Address:	Suburb:	Postcode:
Living arrangements		
☐ Permanent housing ☐ Living alone	☐ Temporary accommodation ☐ Living with others (please specify):	☐ Other (please specify)
Indigenous status		
☐ Aboriginal ☐ Torres Strait Islander	☐ Both Aboriginal and Torres Strait Islander ☐ Neither Aboriginal or Torres Strait Islander	
Cultural background		
Cultural and Linguistic (CALD) background? ☐ Yes ☐ No	Interpreter required? ☐ Yes ☐ No	What is the preferred language?
Language spoken at home:	Country of birth:	

Employment			
☐ Employed	☐ Fulltime	☐ Part time	☐ Other – please provide details

Carer information		
Do you or the person you are referring have a carer?	☐ Yes	☐ No
Consent to exchange of information for referral purposes with carer	☐ Yes	☐ No
Carer name:	Carer phone:	
Relationship to person:		
Next of Kin/Emergency contact		
Name:	Phone:	
Relationship to person:		

Current supports			
Is support currently being provided from one or more of the following? *(Please provide name of organisations or practitioners if known)*			
☐ Psychologist		☐ Psychiatrist	
☐ GP		☐ Counsellor	
☐ Community Mental Health		☐ Other	

Mental Health diagnosis
Primary mental health diagnosis: Secondary mental health diagnosis:

Safety	
Are there any current or previous suicidal or self-harm risk factors?	☐ Yes ☐ No
Have you, or the person you are supporting had any thoughts of hurting themselves?	☐ Yes ☐ No
Have you, or the person you are supporting had any thoughts of suicide?	☐ Yes ☐ No
Have you, or the person you are supporting had any thoughts of harming others?	☐ Yes ☐ No
If yes, please provide additional information:	
Is there a current safety plan?	☐ Yes ☐ No
If yes, please attach documentation or provide details:	
Any hospitalisations for mental health concerns in the last 3 months?	☐ Yes ☐ No
If yes, please give details of hospitalisations including where, when and for how long?	
Are there any current or past substance misuse concerns?	☐ Yes ☐ No
If yes, please provide details:	

Co-existing health factors		
☐ Health issues	☐ Sensory/speech disability	☐ Other (specify)
Please add any other information you may consider relevant:		

You, the referred applicant, confirm that you understand and consent to the following:

- That the information provided in this referral is required to determine eligibility for services with Strong Minds program.
- That Marathon Health is committed to protecting your information, and any information we collect is used to facilitate the services we provide to you.
- To de-identified information to be used for statistical purposes for Strong Minds and the Department of Health.
- That both the referrer and referred applicant will be informed of outcome of the referral.
- That in providing high-quality services, we collect personal health information and maintain a client record.
- That Marathon Health follows the Australian Privacy Principles (APPs) contained in the Privacy Act 1988 when handling, using and managing personal information. The APPs also outline your rights relating to accessing or correcting your personal information.
- That Marathon Health will not sell, transfer, assign or rent your information to any third party without your permission, unless required by law.

Signature:	**Date:**

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

Eligibility process

Once a referral is received, an Assessment Officer will gather all relevant documentation and phone the client to assess if Strong Minds or other program is the most suitable service for the person's current mental health concerns. Both the referrer and referred applicant will be informed of the outcome.

For more information call us on **02 6941 9040**.

Marathon Health is a not-for-profit, registered charity delivering high quality health and wellbeing services to people wherever they choose to live. This service is supported by funding from the Western NSW PHN through the Australian Government's PHN program.