

## Referral Form

Muswellbrook Head to Health is a free mental health support program for adults in the Upper Hunter Region. Head to Health also supports carers of people experiencing mental health challenges.

### Referring Organisation Details

Organisation:

Contact Person:

Date:

Phone:

### Participant Details

First Name:

Last Name:

Preferred Name:

Date of Birth:

Phone:

Email:

Address:

Preferred Method of Contact:

Pronouns:

Phone

Text

Email

Mail

All further questions are optional, your responses won't impact on the participant's access to Head to Health.

Gender:

Female

Male

Non-Binary

Gender Fluid

Other (please specify)

Do they identify as  
LGBTIQSB+?

Yes

No

Relationship Status

In a relationship

Single

Unknown

Indigenous Status:

Aboriginal

Torres Strait Islander

Neither

Country of Birth:

Australia

Other (please specify)

Main Language Spoken:

English

Other (please specify)

Do they identify as Culturally and Linguistically  
Diverse?

Yes

No

In the labour force?

Yes

No

Unknown

Do they identify as a person with a disability?

Yes

No

If yes, please specify:

Autism

Cognitive

Hearing

Intellectual / Learning

Mental Illness

Physical

Speech

Vision

Other (please specify):

NDIS Participant?

Yes

No

Unknown



We acknowledge the Traditional Custodians of the land where we live and work and their continuing connection to land, water, sea and community. We pay respects to Australia's First Peoples, to their unique and diverse cultures, and to Elders past, present and future.

Inclusion is about the actions we take every day. We welcome, support, and celebrate diversity.

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Principal Diagnosis

Not diagnosed

Affective Mood Disorder

Substance use disorder

Psychotic Disorder

Anxiety Disorder

Eating Disorder

Other

Do they take medication for their mental health?

Yes

No

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What are the primary reasons for referring the participant to Head to Health?

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Are there any safety concerns for this person, including self-harm, suicidal thoughts, abuse, domestic violence, risk taking behaviours, harmful substance use, or any other challenges?

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Is there anything else we should know?

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Has the participant given verbal consent that they would like to engage with Head to Health, are willing to have their details stored in our system, and are willing to be contacted?

Yes

No

Date Consented:

If you are using a paper-based form, then please return this form to:

[headtohealthhunter@socialfutures.org.au](mailto:headtohealthhunter@socialfutures.org.au)

**Head to Health Helpline 1800 595 212**

**[socialfutures.org.au/headtohealth](https://socialfutures.org.au/headtohealth)**

*Muswellbrook Head to Health is funded by PHN HNECC.*