

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 Argus mentalhealthargus@marathonhealth.com.au

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?	<input type="checkbox"/> Yourself <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No – unable to proceed	
Is short term psychological interventions the support required? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Can we contact you by email? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide email:	
Address:		Suburb:	Postcode:
Living arrangements			
<input type="checkbox"/> Permanent housing	<input type="checkbox"/> Temporary accommodation	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Living alone	<input type="checkbox"/> Living with others (please specify):		
Indigenous status			
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander		
<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Neither Aboriginal or Torres Strait Islander		
Cultural background			
Cultural and Linguistic (CALD) background?		Interpreter required?	What is the preferred language?
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Employment			
<input type="checkbox"/> Employed	<input type="checkbox"/> Fulltime	<input type="checkbox"/> Part time	<input type="checkbox"/> Other – please provide details
Carer information			
Do you or the person you are referring have a carer?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Consent to exchange of information for referral purposes with carer		<input type="checkbox"/> Yes	<input type="checkbox"/> 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? <i>(Please provide name of organisations or practitioners if known)</i>			
<input type="checkbox"/> Psychologist		<input type="checkbox"/> Psychiatrist	
<input type="checkbox"/> GP		<input type="checkbox"/> Counsellor	
<input type="checkbox"/> Community Mental Health		<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you, or the person you are supporting had any thoughts of hurting themselves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you, or the person you are supporting had any thoughts of suicide?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you, or the person you are supporting had any thoughts of harming others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide additional information:		
Is there a current safety plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please attach documentation or provide details:		
Any hospitalisations for mental health concerns in the last 3 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please give details of hospitalisations including where, when and for how long?		
Are there any current or past substance misuse concerns?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		
Co-existing health factors		
<input type="checkbox"/> Health issues	<input type="checkbox"/> Sensory/speech disability	<input type="checkbox"/> 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:
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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**.