

Client Referral Form

Please complete the details below to enable Lifeline to register your client on our system.

We provide outgoing calls for Low to Moderate risk clients only. Please use more appropriate services if your client is at high risk.

Advise your client to expect the first scheduled call, and that the call will be from a private / blocked number. Direct your client to contact 1800 859 585.

Please note, referrals are **ONLY** accepted by email to AHSS@lifeline.org.au

Please complete all fields on this form to ensure client can access the service.

PRACTITIONER AND CLIENT DETAILS

Referring practitioner name:	
Referring practitioners profession:	
Referring practitioner phone:	
PHN network:	
Business name:	
Client name:	
Client phone number:	
Client address:	
Client date of birth: <i>dd/mm/yy</i>	
Client consent for AHS to:	

OUTGOING CALL DETAILS

Would you like an outgoing call to be made to your client? (Yes/No) <i>Select from the drop down list.</i>
Date first call to be made: <i>dd/mm/yy</i>
Frequency of calls:
Date last call to be made: <i>dd/mm/yy</i>
Preferred call time window: <i>e.g. 2pm - 5pm</i>
When is your next scheduled appointment with this client? <i>dd/mm/yy</i>

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REFERRAL DETAILS

Risk Level: No Risk Low Risk Medium Risk High Risk *(not suitable for our service)*

Presentation / Risk factors including; Suicide Ideation, Plan, Means, Intent and Timeframe:

Diagnosis:

Disability:

Contributing social factors: *(relationship, substance abuse, social isolation etc.)*

Current supports in place:

Formal supports:

Informal supports:

Treatment plans:

Additional information:

English level: Very well Well Not well Not at all

Interpreter required: Yes No If yes, specify which language required:

Please return completed form by email to AHSS@lifeline.org.au

For further information visit suicidecallbackservice.org.au/health-professionals/AHS or call 1800 859 585.