

Consumer Referral Form

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

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

Advise your consumer to expect the first scheduled call, and that the call will be from a private / blocked number. Direct your consumer 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 consumer can access the service.

PRACTITIONER AND CONSUMER DETAILS	
Referring practitioner name:	
Referring practitioner's profession:	Referring practitioner phone:
PHN network:	Business name:
Consumer name:	
Consumer phone number:	
Consumer address:	
Consumer date of birth: <i>dd/mm/yy</i>	Consumer country of birth:
Consumer gender:	Consumer disability status:
Consumer indigenous status: <input type="radio"/> Aboriginal <input type="radio"/> Non-Indigenous <input type="radio"/> Torres Strait Islander <input type="radio"/> Unknown <input type="radio"/> Aboriginal and Torres Strait Islander	
Consumer consent for AHS to: <input type="radio"/> Contact them <input type="radio"/> Leave a voicemail on the above number <input type="radio"/> To share their information with the referring/treating practitioner	

OUTGOING CALL DETAILS	
Would you like an outgoing call to be made to your consumer? <input type="radio"/> Yes <input type="radio"/> No	
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 consumer? <i>dd/mm/yy</i>	

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REFERRAL DETAILS

Reason for referral (please describe the consumer's presentation and reason for referring to AHSS)

Current suicidal risk	<input type="radio"/> Yes	<input type="radio"/> No
Current suicidal thoughts	<input type="radio"/> Yes	<input type="radio"/> No
Current suicidal plan	<input type="radio"/> Yes	<input type="radio"/> No
Current suicidal intent	<input type="radio"/> Yes	<input type="radio"/> No
Suicide attempt in the last 3 months	<input type="radio"/> Yes	<input type="radio"/> No

Relevant history

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OTHER RISKS

Self-harm (Thoughts/Plan/Intent)

Yes

No

Relevant history

Risk to others (Thoughts/Plan/Intent)

Yes

No

Relevant history

Current supports in place:

Formal supports:

Informal supports:

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.