Consumer Referral Form (Medicare Mental Health only)

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. Referrals submitted by Medicare Mental Health and Neami National Intake and Assessment Coordinators do not require a practitioner form but must include an Initial Assessment and Referral Decision Support Tool (IAR-DST) assessment.

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: *dd/mm/yy*		**Consumer country of birth:**	
Consumer gender:		**Consumer disability status:**	

Consumer indigenous status:

- ◯ Aboriginal
- ◯ Torres Strait Islander
- ◯ Aboriginal and Torres Strait Islander
- ◯ Non-Indigenous
- ◯ Unknown

Consumer consent for AHS to:

- ◯ Contact them
- ◯ Leave a voicemail on the above number
- ◯ To share their information with the referring/treating practitioner

OUTGOING CALL DETAILS

Would you like an outgoing call to be made to your consumer? ◯ **Yes** ◯ **No**

Date first call to be made: *dd/mm/yy*		**Frequency of calls:**	
Date last call to be made: *dd/mm/yy*		**Preferred call time window:** *e.g. 2pm - 5pm*	
When is your next scheduled appointment with this consumer? *dd/mm/yy*			

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REFERRAL DETAILS

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

Current suicidal risk	○ **Yes**	○ **No**
Current suicidal thoughts	○ **Yes**	○ **No**
Current suicidal plan	○ **Yes**	○ **No**
Current suicidal intent	○ **Yes**	○ **No**
Suicide attempt in the last 3 months	○ **Yes**	○ **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.