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| **Initial Contact Counselling Form**  **Please complete and return this form to** [**matekeeper@ruraloutreach.com.au**](mailto:matekeeper@ruraloutreach.com.au)  **0418 762 255**  **Office hours are Monday to Friday 8.30am to 4.30pm**  **(By appointment only)** |  |
| **Rural Outreach Counselling (ROC).**  Information collected is strictly confidential.  Your personal information will not be used or disclosed for any other purpose without your consent. Under the Privacy Act 1988 (Cth). We consult with you prior to sharing your information with an agreed service unless ROC is lawfully authorised to do so.  **ROC is a NOT a crisis service if you or the person who is being referred is in immediate crisis please contact your local crisis support team or call 000**. | **Referral received by**  ¨ Self  ¨ External organisation  ¨ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date received:** |
| |  |  |  | | --- | --- | --- | | **PERSONAL INFORMATION** | | | | **First Name:** | | **Last Name:** | | **Address:** | | **Suburb:** | | **Postcode:** | | **D.O.B:** | | **Mobile:** | | **Home:** | | **Do you consent to receiving communication and appointment reminders via text message - YES / NO** | | | | **Email:** | **Occupation:** | | | | **Material Status:**  Single ¨ Married ¨ Separated ¨  Divorced ¨ De Facto ¨ Widowed ¨ | **Are you currently seeing any other mental health professionals?** | | | | **Next of Kin**  **Name:**  **Phone number:** | **Are you seeing a GP? If yes, complete below.**  **Practitioner name:**  **GP Practice:** | | | | **Are you taking any drugs or medications? If yes, what are they?** | **Do you have a Mental Health Diagnosis?** | | | | |

**Disclaimer:** Counselling sessions are for 1 hour, first 2 sessions are FREE with further sessions charged at $80 each. A mental health plan or GP referral is not required.

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| **Please complete below if you are completing this form on behalf of someone else:** | |
| **Full name:** |  |
| **Organisation:**  (If applicable) |  |
| **Contact number:** |  |
| **What is your relationship to the referred person?** |  |
| **Intake forms can only be accepted if you have received prior consent from the individual.** | Please circle to confirm the individual has consented to this intake form - YES / NO |
| **If the person will not consent** | Sometimes individuals are not ready to seek support and will not consent to receiving counselling. Unfortunately, without consent we are unable to contact the individual to arrange an appointment. If this is the case, continue working with the person to bring on other support networks such as family, close friends, medical support, researching and ensuring they know their options for support when they are ready.  If you have any concerns for you or the individual’s safety, immediately contact 000.  Lifeline: 13 11 14  Suicide Call Back Service: 1300 659 467  Men’s Line Australia: 1300 789 978 |
| **Brief reason for referral?**  **(Optional)** |  |

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| Type of Service being Requested | |
| **Outreach / Home visit** |  |
| **Wagga Wagga office** |  |
| **Phone support** |  |
| **Telehealth sessions** |  |
| **How did you find out about ROC?** |  |

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| **Office Use:** |
| ¨ Logged CMS ¨ Emailed ROC counsellor Ü Urgency m high m medium m low Date: / / |