

Family and Carers Mental Health Referral Form



Instructions: Please complete all questions with as much relevant information as possible to the carer's current situation. If you have any queries about your referral, please contact the respective FCMH office on the numbers below and we can discuss your referral further.

If the carer needs urgent assistance, please call the Mental Health Line on 1800 011 511, Lifeline on 13 11 14, dial 000, or go to the nearest hospital emergency department.

Referral Suitability

Which LHD does this carer live in: Central Coast Northern Sydney
 Nepean Blue Mountains Western Sydney

Is the applicant a carer or relative of a person with a mental illness? Yes No*

Has the applicant consented to this referral? Yes No*

Are there any current suicide risks for this applicant? Yes* No

*Note: If the applicant does not live in one of the above LHDs, or if you selected any of the options marked *, your referral may not be accepted. Please contact us and we will talk you through some other options.*

Referrer Details

Referrer Name:		Referral Date:	
Service/Organisation:		Telephone:	
Designation:		Email:	

Applicant Details

First Name:		Surname:	
Gender:		Gender Pronoun(s):	
Date of Birth:		Phone:	
Mobile:		Email:	
Address:			
Suburb:		Postcode:	

Reason for Referral

How can the Family and Carers Mental Health program support the applicant?

<input type="checkbox"/> Information	<input type="checkbox"/> Emotional support
<input type="checkbox"/> Education and training	<input type="checkbox"/> Advocacy
<input type="checkbox"/> Building a support network	<input type="checkbox"/> Linking with professional services
<input type="checkbox"/> Access to carer support groups	<input type="checkbox"/> Other goals, please specify below:

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Additional Information

Please outline any additional information, history, risks, safety concerns, or anything else you or the applicant would like to add:

All referrals to be emailed to:

Central Coast: fcmhinfocc@uniting.org
Nepean Blue Mountains: fcmhinfoonbm@uniting.org
Northern Sydney: fcmhinfoons@uniting.org
Western Sydney: fcmhinfoows@uniting.org

Please note that receipt of the referral does not indicate acceptance to FCMH. The suitability of the referral will be determined following review by our staff.

For enquiries please contact the relevant office on the numbers below:

Central Coast: (02) 4322 1855 Northern Sydney: (02) 8599 4855
Nepean Blue Mountains: (02) 8880 8160 Western Sydney: (02) 8599 4880

The referring agent and applicant will be contacted within 3 business days after receipt of the referral to discuss the next steps.

Office Use Only

Received:		Entered:		Actioned:	
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