

MensLine Australia

Referral Form



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MensLine Australia is a free telephone and online counselling service for men with emotional health and relationship concerns.

This is an interactive (editable) PDF. Please complete the information on this form, save a copy and email to **MensLineAustralia@lifeline.org.au** and a counsellor will call your client.

Date of Referral (dd/mm/yyyy) / /

Referrer Details:

Relationship to client

Referrer name

Name of organisation

Phone ()

Email

Referring to Service Type ☐ Multi Session

Client Details:

Name

Date of birth (dd/mm/yyyy) / / **Gender**

Address

Postcode

Phone ()

Preferred time to call

☐ Morning

☐ Afternoon

☐ Evening

Email

☐ Aboriginal

☐ Torres Strait Islander

☐ Aboriginal and Torres Strait Islander

☐ Non-Indigenous

☐ Unknown

Language spoken at home

Interpreter required

☐ Yes

☐ No

If yes, language spoken:

Emergency contacts (if client is under 18)

Client consent for referral

☐ Yes

☐ No

Client consent to receive an SMS from MensLine

☐ Yes

☐ No

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Referral Information:

Reason for referral (Please describe reason for referring client to MensLine)

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

Other Risks

Self-harm (Thoughts/Plan/Intent)

☐ Yes

☐ No

Relevant history

Risk to others (Thoughts/Plan/Intent)

☐ Yes

☐ No

Relevant history