

**Drought Psychologist**

Phone (02) 6776 9905, 0407 215 750

[HNELHD-DroughtPsychologist@health.nsw.gov.au](mailto:HNELHD-DroughtPsychologist@health.nsw.gov.au)

Locked Bag 4, Armidale 2350

**Health**Hunter New England  
Local Health District

# DROUGHT PSYCHOLOGIST REFERRAL FORM

Please ensure that client has consented to this referral

**If acute risk of suicide, self-harm or harm to others is apparent,  
please call Mental Health Line on 1800 011 511  
or for emergency Dial 000**

Referral date:	Referrer name:	Referrer contact details:
Has the client consented to this referral? Yes <input type="checkbox"/> / No <input type="checkbox"/>	Relationship to client:	
Client's name:		Date of birth:
Address:		Gender Male <input type="checkbox"/> / Female <input type="checkbox"/>
Phone number/s:		Interpreter required Yes <input type="checkbox"/> / No <input type="checkbox"/> Please specify language:
Email address:		Client identifies as:
GP:		Aboriginal <input type="checkbox"/>
GP phone number:		Torres Strait Islander <input type="checkbox"/>
		Aboriginal & Torres Strait Islander <input type="checkbox"/>
		Neither Aboriginal or Torres Strait Islander <input type="checkbox"/>
The drought has affected this client as an individual <input type="checkbox"/> and has also impacted on family <input type="checkbox"/> farm/ business <input type="checkbox"/>		
Has the client expressed suicidal thoughts or undertaken suicidal actions, in past or recently? Yes <input type="checkbox"/> / No <input type="checkbox"/> / Unknown <input type="checkbox"/>		
If yes, please briefly outline:		
What other support services are currently being accessed?		
Does the client consent to contact being made with these services? Yes <input type="checkbox"/> / No <input type="checkbox"/>		
Client's current living arrangements? (e.g., alone, with partner, with partner and children, single parent...)		
<b>REASON FOR REFERRAL</b>		
In what ways has this person or family been affected by drought?		
Main concerns to be addressed:		

**Drought Psychologist**

Phone (02) 6776 9905, 0407 215 750

[HNELHD-DroughtPsychologist@health.nsw.gov.au](mailto:HNELHD-DroughtPsychologist@health.nsw.gov.au)

Locked Bag 4, Armidale 2350



**Health**

Hunter New England  
Local Health District

A large empty rectangular box with a black border, intended for a document or image.