

SuicideLine Victoria

Referral Form



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SuicideLine Victoria is a free telephone and online counselling service offering professional support to people at risk of suicide, people concerned about someone else's risk of suicide, and people bereaved by suicide.

This is an interactive (editable) PDF. Please complete the information on this form, save a copy and email to **SuicideLineVic@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 SuicideLine Victoria Yes No

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Referral Information:

Reason for referral (Please describe reason for referring client to SuicideLine Victoria)

- | | | |
|--------------------------------------|---------------------------|--------------------------|
| Current suicidal risk | <input type="radio"/> Yes | <input type="radio"/> No |
| Current suicidal thoughts | <input type="radio"/> Yes | <input type="radio"/> No |
| Current suicidal plan | <input type="radio"/> Yes | <input type="radio"/> No |
| Current suicidal intent | <input type="radio"/> Yes | <input type="radio"/> No |
| Suicide attempt in the last 3 months | <input type="radio"/> Yes | <input type="radio"/> No |

Relevant history

Other Risks

Self-harm (Thoughts/Plan/Intent)

Yes

No

Relevant history

Risk to others (Thoughts/Plan/Intent)

Yes

No

Relevant history