Griffith UNIVERSITY
WHO Collaborating Centre for Research and Training in Suicide Prevention

Australian Institute for Suicide Research and Prevention
WHO Collaborating Centre for Research and Training in Suicide Prevention
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LIFE PROMOTION CLINIC
NEW REFERRAL FORM

Referral Date:_____ ReferringHospital/Clinic: _____

CLIENT DETAILS

First Name: _____ Surname: _____

DOB: _____ Medicare No: _____ Ref: _____

Residential Address: _____

_____

Email: _____

Phone (H/W): _____ Mobile: _____

Inclusion Criteria:
- Suicidal ideation
- Past suicide attempts
- Deliberate self-harming (recent)
- Recovery aims/goals

Exclusion Criteria:
- Under 18 years
- Acute risk to suicide
- Active psychosis
- Untreated drug and alcohol issues

History of self-harm: Yes / No If yes, method/s used: _____

Previous suicide attempt/s: Yes / No If yes, method/s used: _____

Number of attempts: _____ Date of last attempt (if known): _____

Current suicidal ideation: Yes / No Plan / Intent

Who are the stakeholders involved with treatment? (include contact details):

Person 1 Name: _____

Relationship: _____ Contact No: _____

Person 2 Name: _____

Relationship: _____ Contact No: _____

Person 3 Name: _____

Relationship: _____ Contact No: _____

Psychiatric Diagnosis: _____

_____

Previous History of Psychological Treatment: _____

_____

Current Medications: _____

_____

Medical History: _____

_____

Patient Aims/Goals: _____

_____

Specific Risks/Factors that may impact care: _____

_____

Is the patient aware of the referral? Yes / No

Please be advised:

- LPC does not currently offer dialectical behavioural therapy or ketamine trials.
- This clinic does not provide case management, eating disorder management, or drug and alcohol supports.
- If you are a GP referring to this clinic, please consider completing a Mental Health Care Plan for the patient on referral.

REFERRER DETAILS

Full Name: _____ Provider No.: _____

Contact No.: _____ Fax No. _____

Signature: _____

If not the treating GP:

GP Name: _____

GP Clinic: _____

Contact No: _____