



## MENTAL HEALTH AND ALCOHOL AND OTHER DRUG SERVICES SELF-REFERRAL E-FORM

Which Grand Pacific Health Mental health or Alcohol and other Drug program are you wanting to access?

- headspace
- other (state if known) \_\_\_\_\_

First Name:	
Last Name:	
Address:	
Date of Birth:	
Phone:	

If this form is being completed by a child or young person's parent/caregiver, please ensure that all sections are filled out accurately to provide a clear understanding of their needs and concerns.

*At GPH, we collect and keep your information safe to safeguard your privacy. You can find more details in our [privacy statement](#). If you prefer not to share your information through this secure platform, please call us to arrange an in-person intake session.*

We understand that completing this form may bring up strong emotions. We encourage you to have someone with you as you answer the questions. Sharing your story can enhance the support we provide and help us understand your current situation better.

What is your preferred language?

Is someone helping you fill out this form, or is it being completed by a parent/caregiver or support person?

Yes  No

If yes, could you tell us who? \_\_\_\_\_

Is this person an interpreter?

Yes  No

### YOUR PAST HELP AND RECOVERY JOURNEY

*This question refers to the help you have received from services not from your friends or family.*

Please tick the most appropriate box:

- 0 = I have never needed help for a mental health or substance use issue
- 1 = I've had help before and fully recovered with no ongoing issues.
- 2 = I've had help before and am on my recovery journey, needing only some support.
- 3 = I'm getting help now but not making much progress despite intensive efforts.

Is there anything you would like to share with us to understand what has affected you? This may include what has happened to reduce your trauma, recent improvements, challenges, or new symptoms you've observed.

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**SAFETY**

Please tick the most appropriate box:

- 0 = I have no thoughts of hurting myself or anyone else.
- 1 = I used to have thoughts of hurting myself or others, but I don't have them now.
- 2 = I have thoughts of hurting myself or others right now, but I don't plan to do anything.
- 3 = I have suicidal thoughts or thoughts about wanting to hurt someone else and have planned how I will do this. NB: If you have selected this option, please stop now. and CALL TRIPLE ZERO 000 or go to your hospital emergency department.

Is there anything you would like to share about your experiences with thoughts of suicide, or hurting yourself or others, in the past or present?

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**If you currently have serious thoughts of self harm please call triple zero (000) or go to your hospital emergency department.**

**For immediate 24/7 help you can also call the Mental Health Line on 1800 011 511**

If you need language support to talk to this service, call the Translating and Interpreting Service (TIS National) on 131 450, state the preferred language, and ask for the Mental Health Line 1800 011 511.

If you are deaf, or have a hearing or speech impairment, you can call the Mental Health Line through the National Relay Service on 1300 555 727

**You can also call:**

- Lifeline 13 11 14
- Lifeline Text 0477 131 114
- 13YARN 13 92 76
- Suicide Call Back Service 1300 659 467

**YOUR DAY-TO-DAY LIFE**

Please tick the most appropriate box:

- 0 = I have no issues with my daily activities.
- 1 = I can do my daily activities but sometimes find it hard to keep up.
- 2 = I have trouble with my daily activities more often, such as missing work or school occasionally.
- 3 = I struggle a lot with daily activities, affecting my ability to go to school or work, have relationships, and / or look after myself.

Is there anything you would like share about your how has your mental health affected your ability to function in your usual roles and responsibilities?



How Other Health Issues Affect You.

*In this question, **substance use** means continuing to drink alcohol, use illegal drugs, or misuse medicines, even when it causes you problems, while **cognitive issues** may be that you have problems remembering things and solving problems.*

Please tick the most appropriate box:

- 0 = I have no other health issues affecting my mental health or substance use issue.
- 1 = I occasionally use substances, but it doesn't cause major problems. Any physical health issues are manageable and not affecting my mental health.
- 2 = Ongoing substance use, physical health or cognitive issues significantly affect my mental health or treatment.
- 3 = My substance use, physical health or cognitive issues severely affects my health or mental health recovery.

Is there anything you would like share about your other health issues?

Things in Your Life That Cause Stress.

Please tick the most appropriate box:

- 0 = I don't find my environment stressful.
- 1 = My environment is mildly stressful but manageable.
- 2 = My environment is moderately stressful, causing some difficulties.
- 3 = My environment is very stressful and hard to cope with.

Is there anything you would like share about how your current surroundings and life situation, including big challenges like losing a job, work or study demands, changes in peer groups, relationships, trauma, feeling alone or legal issues that may be affecting your mental health?

**Family and Other Supports-** Please tick the most appropriate box:

- 0 = I have lots of support from family and friends who can help me when needed.
- 1 = I have some support available from family and friends.
- 2 = Support is hard to get or not always reliable.
- 3 = I have very little support from others.

Is there anything you would like share about your support, such as how family or friends contribute to your well-being and recovery?

How ready are you to work with us? Please tick the most appropriate box:

- 0 = I understand my condition, manage it well, and am motivated about recovery.
- 1 = I mostly understand my condition, manage it well, and ask for support when needed.
- 2 = I have difficulty with understanding my condition and need reminders from others to seek help
- 3 = I have difficulty accepting how professionals view my experiences and have chosen not to accept previous supports

What motivates you to seek support from GPH at this time?

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We're glad you've taking the time to refer yourself to our service. A staff member will be in touch with you as soon as possible. If you have not heard from us in seven days, please call us. Contact details of all our programs can be found at <https://www.gph.org.au/services/mental-health/>

*Whatever you're going through, you're not alone – support is available.*

**Optional additional information:**

The following short test is called the K10. It asks 10 questions about how you've been feeling over the past 4 weeks. It will help us to understand what kind of support you might need right now. If you identify as Aboriginal or Torres Strait Islander, a culturally modified scale will be provided when you access our service. [GPH K-10 Assessment Form.](#)