

Client Referral Form

Please complete the details below to enable On the Line to register your client on our system.

We provide outgoing calls for Low to Moderate risk clients only. Please use more appropriate services if your client is at high risk.

Advise your client to expect the first scheduled call, and that the call will be from a private / blocked number. Direct your client to contact 1800 859 585.

Please note, referrals are ONLY accepted by email to AHS@ontheline.org.au

PRACTITIONER AND CLIENT DETAILS	
Referring Practitioner Name:	
Referring Practitioners Profession:	
Referring Practitioner Phone Number:	
PHN Network:	
Business Name:	
Client Name:	
Client Phone Number:	
Client Suburb & Postcode:	
Client Date of Birth:	
Client consent for AHS to	<input type="checkbox"/> Contact them <input type="checkbox"/> Leave a voicemail on the above number <input type="checkbox"/> To share their information with the referring/ treating practitioner
OUTGOING CALL DETAILS	
Would you like an outgoing call to be made to your client? (Yes/No)	
Date first call to be made:	
Frequency of calls:	
Date last call to be made:	
Preferred Call Time Window:	
When is your next scheduled appointment with this client?	

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REFERRAL DETAILS

Please include the risk level and risk factor justifying this level.
Factors include: Suicide Ideation, Plan, Means, Intent and Timeframe as well as other factors relating to client presentation.

Risk Level: No Risk Low Risk Medium Risk High Risk (*not suitable for our service*)

Presentation / Reason for Service:

Diagnosis:

Disability:

Contributing Social Factors: (*relationship, substance abuse, social isolation etc.*)

Current Supports in Place:

Formal Supports:

Informal Supports:

Treatment Plans:

Other relevant Information:

Please return completed form by email to AHS@ontheline.org.au

For further information visit ontheline.org.au/AHS or call 1800 859 585.