

Request for service



Request for service: to be used by residents, family or friends in requesting access to the Think Wise services. Please only complete this form with the resident's awareness and consent.

Date of Request:

Name of person completing form (if not resident):

Relationship to resident: Family / Friend / Other (specify):

Phone:

Email:

Resident Details

Name:

Date of Birth:

Gender: M / F / Other:

Phone/Contact Details:

Reason For Referral

- ☐ Anxiety ☐ Adjustment to Aged Care Living ☐ Grief / Loss ☐ Depression ☐ Trauma
- ☐ Other (please specify):

Brief Description of Concerns:

Current Support & Services

Is the resident currently receiving any mental health or psychological support? ☐ Yes ☐ No

If yes, please provide details:

Does the resident/you have a diagnosed mental health condition? ☐ Yes ☐ No

If yes, please provide details:

Consent

☐ The resident is aware and agreeable to this request for service from the Think Wise team.

If the resident is not aware, please specify why and any barriers to engagement:

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An Australian Government Initiative

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WISE
Psychological support in
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