



Suicide Prevention Pathways

Talk Suicide Support Service Referral Form

The following criteria are ALL required for referral to TSSS:

- The person is presenting with suicidal thoughts and/or behaviours;
- The person is a family member/friend/carer of an individual with suicidal thoughts and/or behaviours;
- The person is 15 years or older;

Consent: the person being referred must consent to this referral.

I have discussed this TALK SUICIDE Support Service referral with the person being referred, and they consent to this referral. They understand that this may include contacting me (the referrer) for further information.

Signature of referrer: _____ Date: _____

Personal details:

Surname: _____ Given Name: _____ Sex:(please tick) M F
DOB: _____
Address: _____
Suburb: _____ P/Code: _____
Phone: _____ Ok to Leave Msg?
Email: _____
Preferred language: _____ Interpreter Required: _____
Aboriginal and/ or Torres Strait Islander origin: (please tick) Yes No Unknown

Referrer's details:

Name: _____
Organisation/Department: _____
Phone: _____ Email: _____
Is the individual engaged with your service?

Client Background Information: e.g. mental health diagnosis (if known)? Medications? What are the person's multiple and complex needs (if any)? Any specific identified areas of concerns ie relationship problems; child custody etc?

Other relevant information: e.g. does the person have any other support network? Are there any specific risks involved ie history of violence?

To Enquire further enquire about TSSS, call 1800 008 255. You can talk directly with one of the support coaches who will guide you through the referral process, or can assist you with alternative referral options if TSSS is not appropriate.

Email this completed form to support@talksuicide.org.au TSSS will contact the referred person within 24 hours.