

Gambling Help Service referral form

Personal details					
Name		Date of birth			
Contact number		Email			
Street address/ Most frequent location if homeless					
Gender identity					
Aboriginal and/or Torres Strait Islander Identity	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Both Aboriginal and Torres Strait Islander	<input type="checkbox"/> Neither	
Alternative contact/Safe contact					
Name		Contact number			
Referral type					
Self-referral – experiencing gambling related stress	<input type="checkbox"/>	Family member – impacted by someone else’s gambling	<input type="checkbox"/>	Community member / Gambling institutions	<input type="checkbox"/>
IUIH member services	<input type="checkbox"/>	External gambling help services	<input type="checkbox"/>	Other	<input type="checkbox"/>
What support are you/the person looking for?					
Gambling support <input type="checkbox"/> Gambling counselling <input type="checkbox"/> Support for family/affected others <input type="checkbox"/> Relapse prevention <input type="checkbox"/> Harm minimisation support <input type="checkbox"/> Financial stress related to gambling <input type="checkbox"/> Gambling education/information		Social and emotional wellbeing <input type="checkbox"/> Stress/anxiety <input type="checkbox"/> Depression/low mood <input type="checkbox"/> Grief and loss <input type="checkbox"/> Trauma support <input type="checkbox"/> Relationship/family concerns <input type="checkbox"/> Social isolation			
Practical supports <input type="checkbox"/> Financial counselling <input type="checkbox"/> Emergency relief <input type="checkbox"/> Housing/homelessness support <input type="checkbox"/> Centrelink assistance <input type="checkbox"/> Legal support <input type="checkbox"/> Employment support		Other/additional information: 			
Are there any immediate concerns that the service should be aware of?					
*Please flag referral as urgent if there are immediate concerns.					
<input type="checkbox"/> No immediate concerns identified <input type="checkbox"/> Suicide or self-harm concerns <input type="checkbox"/> Family violence concerns <input type="checkbox"/> Child safety concerns <input type="checkbox"/> Homelessness/risk of homelessness <input type="checkbox"/> Severe financial hardship <input type="checkbox"/> Other: _____					

Please send completed form to ghs@iuih.org.au