Mob Link - 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	◯ Aboriginal	◯ Torres Strait Islander	◯ Both Aboriginal and Torres Strait Islander	◯ Neither

Alternative contact/Safe contact			
Name		**Contact number**	

Referral type					
Self-referral – experiencing gambling related stress	☐	Family member – impacted by someone else's gambling	☐	Community member / Gambling institutions	☐
IUIH member services	☐	External gambling help services	☐	Other	☐

What support are you/the person looking for?

Gambling support
- ☐ Gambling counselling
- ☐ Support for family/affected others
- ☐ Relapse prevention
- ☐ Harm minimisation support
- ☐ Financial stress related to gambling
- ☐ Gambling education/information

Social and emotional wellbeing
- ☐ Stress/anxiety
- ☐ Depression/low mood
- ☐ Grief and loss
- ☐ Trauma support
- ☐ Relationship/family concerns
- ☐ Social isolation

Practical supports
- ☐ Financial counselling
- ☐ Emergency relief
- ☐ Housing/homelessness support
- ☐ Centrelink assistance
- ☐ Legal support
- ☐ 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.**

- ☐ No immediate concerns identified
- ☐ Suicide or self-harm concerns
- ☐ Family violence concerns
- ☐ Child safety concerns
- ☐ Homelessness/risk of homelessness
- ☐ Severe financial hardship
- ☐ Other: _____

Please send completed form to ghs@iuih.org.au **Email this form**