

Group Emotional And Relationship Skills (GEARS) Program Referral Form

Name:

DOB:

Address:

Mobile:

Personal (home) email address:

Service:

**Date of Service
(years from/to):**

PMKEYS / DVA File Number:

Workcover Details:

I can confirm that this person meets the program eligibility criteria and DOES NOT have the exclusion criteria listed below.

Program Eligibility

Participants must:

Be a current or former military or emergency services member

Have mental health symptoms from service

Exclusion Criteria:

Participants must not have any current psychotic symptoms; AND / OR
Active suicidal plans with serious intent

Referring Clinician's Name:

Practice/Clinic:

Email:

Practice/Clinic Phone:

Provider Number:

Date:

Please email completed form to gears@mesha.org.au