



Group Emotional and Relationship Skills (GEARS) Program Referral Form

Name: DOB:

Address: Mobile:

Personal 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:

Signature:

Date: