

Momentum Mental Health Application

Toowoomba Momentum is a community mental health service designed to inspire and enable recovery through Psychosocial Coaching. By filling in this form you are expressing an interest in gaining access to high-quality mental health care that is responsive to your needs.

<p>We acknowledge forms can feel daunting, however, so that we can respond in the best way possible please complete to the best of your ability. Completed forms can be emailed to admin@momentummentalhealth.com.au or delivered in person. You will be contacted within 2 working days regarding your eligibility.</p>		
Is Momentum suitable?	Yes	No
Are you above 18 years of age?		
Would you like to improve your mental wellbeing?		
Are you willing and able to engage in Momentum programs the way they are intended? (If unsure refer to FAQ)		
With support of a Wellbeing Coach are you willing to set and work toward your recovery goals?		

Please circle the way you would like to engage with Momentum initially:

- a. Wellbeing through 1:1 Coaching
- b. Wellbeing through group participation
- c. Wellbeing through community participation
- d. I would like to explore all 3 areas

What areas do you wish to improve based on the '5 Ways to Wellbeing'?

5 Ways to Wellbeing - five simple and effective ways to improve your psychological and emotional health based on extensive international research. [5 Ways To Wellbeing - Five Ways To Wellbeing Australia | Home](#)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Connect - evidence shows that having other people in your life matters to the quality of psychological wellbeing regardless of age. |
| <input type="checkbox"/> | Be active - being active is important for good health at all ages and life stages. It helps keep your mind and body working well. |
| <input type="checkbox"/> | Keep learning - research shows that at all ages and life stages it is important to keep learning for happiness, health, and wellbeing. |
| <input type="checkbox"/> | Be aware - being aware of your thoughts and feelings as they arise, without getting lost in them can increase your ability to keep calm, reduce stress, think clearly, cope better with difficult situations and improve mood. |
| <input type="checkbox"/> | Help Others - helping others is a good thing to do in itself but research shows it can also improve your wellbeing. |

Personal information

Full Name:	Address:
Any previous names?	
Phone:	Postcode:
Mobile:	Email:
Date of Birth: (Our age criteria is 18+)	

Gender

<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Other	<input type="checkbox"/> Prefer not to say

Indigenous Status

<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander
<input type="checkbox"/> Both Aboriginal & Torres Strait Islander	<input type="checkbox"/> Prefer not to say/Other: _____

Preferred Contact Method

<input type="checkbox"/> Phone	<input type="checkbox"/> Email
<input type="checkbox"/> Letter	<input type="checkbox"/> SMS (text message)
<input type="checkbox"/> Other: _____	

Are you getting support from any other services for your mental health?

YES NO

Please provide details:

Do you have a current NDIS plan?

YES NO

If yes, what is your NDIS number and when does it expire?

Number:

Expires:

Have you applied for NDIS previously?

YES NO

If Yes, when:

Have you accessed Mental Health services through the Darling Downs Health in the last 3 months? YES NO (e.g. ACT Team, AMHU, CCU, Baillie)

Contacts

Health professionals supporting you with your mental wellbeing:

GP:	Address:
Email:	
Telephone:	Postcode:

Psychologist/Psychiatrist:	Address:
Email:	
Telephone:	Postcode:

Other contacts supporting you with your mental wellbeing:

Name:	Address:
Company:	
Email:	
Telephone:	Postcode:

Name:	Address:
Company:	
Email:	
Telephone:	Postcode:

Emergency Contact - Who would you like us to contact in an emergency?

Name:	Email Address:
Phone Number:	Address:
Relationship to you:	

Do you require assistance in any of the following areas?

<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Language barrier / Interpreter Service
<input type="checkbox"/>	Visual impairment	<input type="checkbox"/>	Learning disability / difficulty
<input type="checkbox"/>	Hearing impairment	<input type="checkbox"/>	Physical / Sensory Impairment
<input type="checkbox"/>	Chronic illness	<input type="checkbox"/>	Other (please provide details)

Do you have any Medical conditions (including allergies) which could require urgent medical attention and/or affect their ability to engage with this service? YES NO

If YES, please provide details

Behaviour

Have you ever been accused or convicted of violent / aggressive behaviour or sexually inappropriate behaviour? YES NO

If **yes** how long ago (please circle)?

Within the last 12 months *Within the last 5 years* *Over 5 years ago*

Is there a risk of continuing aggressive or sexually inappropriate behaviour? YES NO

Are there known scenarios or potential triggers where risk behaviours are likely to arise? YES NO

Are you known to the police or on probation? YES NO

If you answered YES to any of the questions above, please give details including relevant dates. PLEASE NOTE this information is used to assess suitability for membership and any possible risks to the safety of the potential member, staff and other members of Toowoomba Momentum.

OFFICE USE ONLY

Date of first contact:	Introduction date:
<input type="checkbox"/> New Member	<input type="checkbox"/> Returning Member
<input type="checkbox"/> Suitable for Intake Assessment with Wellbeing Coach	<input type="checkbox"/> Membership not suitable at this time
Name and Date	Name and Date
	Reason
	Referral to other supports and services: