

Your details

First name:

Last name:

Preferred name:

Date of birth:

Country of birth:

Gender:

Relationship status:

Do you identify as:

No Aboriginal Torres Strait Islander

Email:

Phone number:

Home address:

Postal address:

Emergency Contact

First name:

Last name:

Phone number:

Relationship:

Your Service Status

What is your service status?

(if Allied Force, where?)

Which service are/were you employed?

Army Air Force Navy

Date enlisted:

Date discharged:

Why did you discharge?

(if other, provide reason)

Your Health

Have you ever been diagnosed with/had any of the below conditions?

- Anxiety Depression
 Anger Cancer
 Amputation Cardiovascular disease
 Tinnitus Musculoskeletal injury
 Alcohol or substance dependency
 PTSD Traumatic brain injury (TBI)
 Other (please provide diagnosis)

GP Name:

Do you receive treatment from any other health practitioner?

Yes No

Do you hold a DVA card?

Have something else you'd like to share? Let us know.

What happens next?

Return your form to your local Family Recovery Centre and our team will be in contact.

Brisbane (SEQ)

brisbane@mates4mates.org

Northern Territory

nt@mates4mates.org

Townsville (Nth QLD)

townsville@mates4mates.org

Hobart (Tas)

tasmania@mates4mates.org

Online (NSW, VIC, ACT, WA, SA)

onlinefrc@mates4mates.org