

## Your details

First name:

Last name:

Preferred name:

Date of birth:

Country of birth:

Gender:

Relationship status:

Do you identify as Aboriginal or Torres Strait Islander?

- No  Aboriginal  Torres Strait Islander

Email:

Phone number:

Home address:

  

Postal address:

  

## 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 (SE QLD, NSW, ACT)  
[brisbane@mates4mates.org](mailto:brisbane@mates4mates.org)

Townsville (Nth QLD, NT)  
[townsville@mates4mates.org](mailto:townsville@mates4mates.org)

Hobart (Tas, Vic, SA, WA)  
[tasmania@mates4mates.org](mailto:tasmania@mates4mates.org)