



SEARCH REQUEST FORM

DATE: _____

TOPIC: _____

CENTRE FOR RURAL &
REMOTE MENTAL HEALTH

C/o Bloomfield Hospital
Forest Road
ORANGE NSW 2800

Phone: 02 6360 7828
Fax: 02 6361 2457

TIME FRAME OF INFORMATION REQUESTED:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> 0 – 6 months | <input type="checkbox"/> 5 – 10 years |
| <input type="checkbox"/> 6 – 12 months | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 1 – 5 years | |

KEY WORDS OR CONCEPTS: _____

DATE NEEDED BY: _____

(if needed ASAP, please give time frame eg/ 2 hours, 2 days etc)

HAVE YOU SEARCHED ANYWHERE, IF SO GIVE DETAILS: _____

NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____

E-MAIL: _____

Office use only

Time taken:

- Less than one hour
- 1 – 2 hours
- More than 2 hours