582 Hunter Street, Newcastle NSW 2300
Mail PO Box 2008, Dangar NSW 2309
Tel 02 4929 4201 Fax 02 4925 2864
headspace.org.au

headspace Newcastle

Referral Form

Referral Date:

Important information for your referral, Please Read

- headspace is a service for young people between the ages of 12 to 25.
- We can only engage with young people who have provided consent to the referral. If the young person is at high or acute risk of suicide, please contact the Mental Health Line on 1800 011 511 or emergency services on 000 if urgent.
- Please note that receipt of the referral form does not indicate acceptance to the headspace services. Suitability of the referral will be determined following assessment with the young person. Please contact headspace Newcastle to confirm receipt and discuss the outcome of your referral.
- To complete the referral, you must attach relevant assessment notes, discharge summaries and/or additional information.

Consent to Referral

Has the young person given consent for the referral?	◯ Yes	◯ No	
Has the young person's parents consented to the referral?	◯ Yes	◯ No	◯ N/A(16yrs+)
Are parents aware that they will need to attend appointments (particularly for those aged 15years or under)	◯ Yes	◯ No	◯ N/A(16yrs+)
Does the YP have a Mental Health Care Plan? If no, please encourage young person to obtain this as this will assist speed up the allocation process	◯ Yes	◯ No	

Young Person's Details:

Name: Contact Number:

Date of Birth: Age: Address:

Gender: Postcode: Suburb:

Medicare Card: Ref: Exp:

Does the young person identify as:

◯ Aboriginal Torres Strait Islander ◯ Aboriginal & Torres Strait Islander

◯ Culturally & Linguistically Diverse (CALD) ◯ GLBIQ Transgender ◯ None ◯ Unknown

Does the young person have any difficulties with literacy?:

◯ No ◯ Yes, please explain:

Does the young person have any difficulties with accessibility/mobility?:

◯ No ◯ Yes, please explain:

Referral Method:

◯ Referral (Family/Friend) ◯ Phone Referral (Self) ◯ GP ◯ Other Service:

Required Services: Please indicate which services would be beneficial

◯ Mental health support ◯ Physical health support (GP) ◯ Drug and alcohol support

◯ Vocational support

Next of Kin: This should be the young person's closest living relative.

Name: Relationship to YP:

Address: Contact Number:

Parent's details:

Name/ relationship: Contact Number:

Name/ relationship: Contact Number:

Referrer Details:

Name of Referrer: Organisation:

Relationship to YP: Contact Number:

Address:

Email:

Presenting Issues

◯ Anger ◯ Anxiety ◯ Bullying ◯ Depression ◯ Relationships
◯ Self-Harm ◯ Stress ◯ Substance Use ◯ Suicidal Ideation ◯ Trauma
◯ Other (E.g. Legal Issues) ◯ Details:

Referral Information (please complete this section)

Please attach any extra relevant information and assessments e.g.
Tertiary Mental Health Services: Please attach Risk Assessment, A1, Discharge Summary
****Please note we may be unable to process/accept referral if this information is not received**

(Please attach additional documentation should you require more space)

Thanks for making a referral to headspace Newcastle. You can return the referral form by:

Fax (02) 4925 2864
Email intakeheadspacenewcastle@hunterprimarycare.com.au

I'd like to be on headspace Newcastle's email list ◯

Joining the email list will allow us to inform you of upcoming programs, events and projects that may be of interest. Your email address will not be shared with any other organisations

If you would like to discuss this referral please contact headspace Newcastle staff on (02) 4929 4201

NB: the paper version of this document has been destroyed

Adapted with thanks from headspace MtDruitt, Parramatta, and Penrith