

# Referral Form

Date: \_\_\_\_\_

**Young person's details:**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Address (If different): \_\_\_\_\_

DOB: \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Do you identify as being Aboriginal or Torres Strait Islander?  Yes  No

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Person and Phone Number (for appointments only):  
\_\_\_\_\_

**Services I am interested in:**

- Mental Health Support
- Drug and Alcohol
- GP
- Dietician
- Vocational/Education/Job Seeking
- Other: \_\_\_\_\_

**Please specify the main reason for seeking help:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about headspace Batemans Bay?**

\_\_\_\_\_

Please turn over the page →

**Service access information:**

- Do you have an existing GP?  Yes  No \_\_\_\_\_
- Do you have an existing Mental Health Treatment Plan?  Yes  No \_\_\_\_\_
- Are you linked with any other services?  Yes  No \_\_\_\_\_
- Do you have an existing counsellor?  Yes  No \_\_\_\_\_

**Risk:**

- Have you deliberately harmed yourself?  Yes  No
- Have you been admitted to the hospital in the last 30 days for Mental Health?  Yes  No
- Have you thought of ending your life?  Yes  No
- \*If yes to any of the above – Mental Health Line must be advised of on 1800 011 511.  Yes  No

**Referrer’s details:**

- Has the young person consented to this referral being made?
- If the young person is under the age of 14, have the person’s parents or carers given consent?

Name: \_\_\_\_\_  
 Organisation: \_\_\_\_\_  
 Relationship to Client: \_\_\_\_\_  
 Postal Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**We will acknowledge your referral within 2 business days of receipt. If consented by the young person, we will communicate with you that they are accessing headspace Batemans Bay services.**

**How to submit this form:**

In Person: Drop into our centre (1/11 Clyde Street Batemans Bay)  
 Free Call: 1800 718 383  
 Fax: (02) 9169 3478  
 Email: info@headspacebatemansbay.org.au  
 Mail: as above

**Please note: This service is not a crisis service.**  
**For any immediate concerns please call Mental Health Line on 1800 011 511**  
**This is a 24 hour telephone service.**

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**Office Use Only:**  Referral Entered  Referral Scanned  Client Allocated & Date: \_\_\_\_\_