

headspace Batemans Bay Referral Form



You can complete this form yourself or call headspace Batemans Bay and we can assist you in completing it over the phone. Free call 1800 718 383 or (02) 4403 1773

headspace Batemans Bay is not a crisis service.
For any immediate concerns, please call Mental Health Line on 1800 011 511
Mental Health Line is a free 24-hour phone service staffed by mental health practitioners.

Date of Referral: _____

Consent

headspace Batemans Bay is a voluntary service for young people aged 12-25 years of age. We can only engage with young people if they have consented to the referral and are old enough to consent.

If you are referring a young person, have they consented to this referral? Y N N/A

If you are under 14 years of age, has a parent/guardian consented to the referral? Y N N/A

Personal Information of Young Person

Young person's full name: _____

Preferred name and pronouns: _____

What is your gender identity: _____ DOB: _____ Current Age _____

Address: _____

Young person's phone number: _____

Young person's email Address: _____

Preferred contact Person & Phone Number/Email (for appointments only): _____

Do you identify as: Aboriginal Torres Strait Islander Both Neither Unsure

Are you a refugee or from a migrant family/community: Y _____ N Unsure.

Services Interested in

- Mental Health & Wellbeing Eating Disorder Dietitian Work & Study
 Alcohol & Other Drugs

Is there anything you'd like us to note that would help us better support you?



Current Service Access Information

Do you have an existing General Practice/Doctor? Y _____ N Unsure

Are any other services supporting you or your family at the moment? Y _____ N Unsure

Do you have an existing Mental Health Treatment Plan? Y _____ N Unsure

Do you have an existing counsellor? Y _____ N Unsure

Have you accessed counselling sessions services this calendar year? Y N, *If yes, how many?* _____

Do you have any current Court Orders (AVO, DVO, parole/probation)? Y N Unsure

If yes: _____

Do you have a NDIS plan? Y N *If yes, does it include Psychology?* Y N

(If yes, the young person will not be eligible to receive psychology / mental health services at headspace Batemans Bay but may be eligible for other headspace Batemans Bay services)

Risk

In the past two weeks, have you deliberately harmed yourself/had thoughts of harming yourself: Y N

In the past two weeks, have you thought about ending your life: Y N

Have you ever tried to end your life? Y N

If yes, and you're comfortable sharing, please provide any additional details: when and how it happened, what occurred, and what was happening in your life at that time:

Referrer details

Self (no need to complete below) Family or friend (*complete below*) Professional (*complete below*)

Referrers' Name/Organisation: _____

Relationship to young person: _____

Referrer's Phone number: _____

Referrer's Email Address: _____

Referrer's Address (*only required if no email provided*): _____

Please note: For family, friends and professional referrers, we will continue to liaise directly with the young person from this point forward, unless and until consent is provided by the young person.

How to submit this form:

Fax: (02) 9169 3478

Email: info@headspacebatemansbay.org.au

In Person: Drop into headspace Batemans Bay at 1/11 Clyde Street, Batemans Bay