



Date: _____

Is the young person to attend **headspace** at Bathurst OR Cowra

Is the young person (YP) aware of this referral? Yes No

If under 16 years, are the parents/carers aware? Yes No

Has an appointment already been made by phone? Yes No

If yes, indicate date and time of appointment: _____

Does the young person provide consent for feedback to be given to the referrer? Yes No

Client name: _____ Client DOB: _____

Client Address: _____

Contact Phone Number: _____ (whose phone, ie young person, mum) _____

Referred by:

Contact Name: _____ Organisation: _____

Ph: _____ Mobile: _____

Email: _____ Fax: _____

Postal Address: _____

Reason for referral:

Mental Health Physical Health Drug and Alcohol Vocational Other _____

Do you believe this young person is currently at risk of harm to themselves or other people? Yes No

Relevant Information:

Bathurst

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Cowra

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