headspace Bondi Junction

Service Provider Referral Form

Please fax this referral to **9366 8888** or email to **headspacebondijunction@health.nsw.gov.au**

Please ensure all sections are completed, UPPERCASE and legible.

Our triage workers may be contacted during business hours on **9366 8800**

Once a referral form has been received, a Youth Access Team Clinician will make contact with you within 3 working days.

Please note:

headspace Bondi Junction is **NOT** an acute mental health service.

If you have any immediate concerns for the safety of a young person, please call the **Mental Health Line on 1800 011 511**.

Alternatively, direct the young person to the **Emergency Department** of their nearest hospital or call **000**.

Details of Referrer					
Name of referrer					
Organisation name					
Role					
Street Address				Post code	
Phone		Mobile		Fax	
Email					

Has the young person agreed to this referral?	☐ Yes ☐ No	**If 'NO' the referral cannot be accepted**
If the young person is under 16yrs, is their parent/carer/guardian aware of the referral?		☐ Yes ☐ No **If 'NO' the referral cannot be accepted**

Young Person's Details			
First Name		Last name	
Preferred Name		Gender	
DOB		Age	
Street Address		Post code	
Home Phone		Can we leave a message?	☐ Yes ☐ No
Mobile		Can we leave a message/text?	☐ Yes ☐ No
Email			
Can we post letters to the above address?	☐ Yes ☐ No ☐ Unknown		

Emergency Contact Details (Next of Kin)			
Name			
Relationship to young person			
Street Address		Post code	
Phone		Mobile	
Can we contact the Next of Kin?	☐ Yes ☐ No ☐ Emergency only		

Young Person's Medical Information	
Does the young person have their own GP?	☐ Yes ☐ No
Details of GP/practice	
Does the young person have a current Mental Health Care Plan?	☐ Yes ☐ No ☐ Unknown

Reason for Referral
What is the main concern regarding this young person?

Services involved in the care of the young person (identify current or previous)

Current/previous risk factors
☐ Suicide ☐ Self-harm ☐ Harm to others ☐ Domestic violence ☐ Alcohol and drug use ☐ Homelessness ☐ Extreme Social Withdrawal ☐ Non-compliance ☐ Mental Illness or disorder (previous diagnosis)
Please provide further details: e.g. recent suicidal thoughts, plans, symptoms, behaviours, concerns from others about risk, at risk mental state (depressed, despair, hopelessness, guilt, marked agitation, intoxication)