

SERVICE PROVIDER REFERRAL FORM FOR AGENCIES AND PROFESSIONALS

(Please ensure all sections are completed)



Young person's details

Date:

Surname:

First name:

Gender:

Date of birth:

Address:

Suburb:

Post code:

Home Phone:

Can we
leave a
message? Yes No

Mobile:

Can we
leave a
message? Yes No

Indigenous Identity:

Aboriginal

Torres Strait Islander

Both

Neither

Educational Status (highest level obtained):

School/Institution:

Usual Occupation:

Employment Status:

If no longer at school/work, how long has this been the case?:

Is the young person on any Centrelink payments? (if so please list):

Consent

Has the young person consented to and provided permission for the referral:

Yes

No

Referrer Details

Name:

Relationship to young person:

Organisation:

Address:

Suburb:

Post code:

Email:

Contact number:

GP Details

Name:

Address:

Has a Mental Health Treatment Plan been created?

Next of Kin details

Next of Kin name:

Relationship:

Address:

Phone:

Can we contact
next of kin?

Yes

No, unless in emergency

If young person is not contactable

Presenting Problem

What is the main concern regarding this young person? (Include mental and physical health concerns, drug/alcohol and vocational issues)

What does the young person see as the problem?

Duration of the current problem:

Previous Mental Health Diagnoses/Treatment (by whom/dates/medications/include any developmental disabilities):

Risk (please tick if a current concern and provide additional detail):

Suicide/Self Harm	Harm to Others	Homelessness	Substance Misuse
Extreme Social Withdrawal	School Avoidance/Absenteeism		Psychosis/Mania
Other			

Detail:

What assistance would you like from headspace?

Please attach more information and detail if necessary.

Once completed, please send the form to headspace Camperdown via one of the following methods:

Fax: 9351 0946 Email: headspace.camperdown@sydney.edu.au Post: Level 2, 97 Church Street CAMPERDOWN 2050 (please call us on 91144100 to ensure that we have received it).

Please note that headspace does not provide crisis or acute care mental health services. For mental health emergencies contact 1800 011 511