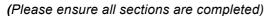
## SERVICE PROVIDER REFERRAL FORM FOR AGENCIES AND PROFESSIONALS



Young person's details



Please note that headspace Camperdown is <u>NOT A CRISIS SERVICE</u> or acute care mental health service. For mental health emergencies contact the Mental Health Line on 1800 011 511. Alternatively, direct your young person to present to their nearest emergency department.

Date:

Surname:	First name:					
Gender:	Preferred name:		[	Date of birth:		
Address:						
Suburb:	0		ost code:			
Contact number:	Can leav mess		E-mail:			
Indigenous Identity:	Aboriginal	Torres	Strait Islander	Both	Neither	
Usual Occupation (e.g. stu	dent):					
Consent Has the young person con	sented to and	provided permis	ssion for the refe	rral: Yes	No	
Referrer Details						
Name:	Relationship to young person:					
Organisation:						
Address:		Sub	urb:	Post code:		
Email:		Contact number:				
GP Details						
Name:	Provider Number:					
Address:						
Mental Health Treatment I	Plan created?(	lf yes, please writ	e date of plan):			
Next of Kin details (red	ղuired)					
Next of Kin name:	Relationship:					
Address:		Phone:				
Same as young person						
Can we contact next of kin?	Yes	No, unless in e	emergency	If young person	is not contactable	

Presenting Problem						
What is the main concern	regarding this young	person? (Include men	tal and physical health concerns,			
drug/alcohol and vocational issues	3)					
NATIONAL ALICONOMICO AND		···· 0				
What does the young pers	son see as the proble	m?				
Duration of the current pr	oblem:					
Previous Mental Health Di	agnoses/Treatment (b	y whom/dates/medications	s/include any developmental			
disabilities):						
<b>Risk</b> (please tick if a current cond	-	•	Cubatanaa Miayaa			
Suicide/Self Harm	Harm to Others	Homelessness	Substance Misuse			
Extreme Social Withdrawal	School Avoida	nce/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

NB: headspace Camperdown aim to confirm receipt of this referral within 3 working days.

If you have not heard from us, please call us ASAP.