

# Referral to headspace Canberra

1 Torrens Street Braddon ACT 2612

**P** 02 6113 5700 **F** 02 6113 5744

headspace Canberra is not a crisis service. If you have any immediate concerns for the safety of a young person, please call:

Access Mental Health Team: **1800 629 354**

Lifeline: **13 11 14**

In an emergency, contact **000** immediately.

## Details of Young Person

Today's Date:

First Name:	Last Name:	Preferred name:
Gender (optional):	Date of Birth:	
Address:		
Contact number:	SMS consent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Email:
Medicare #:	Reference #:	Exp date:

## Consent

headspace is a voluntary service; referrals will not be accepted without the consent of the young person.

Has the young person agreed to this referral? Yes  No

Does the young person have a Mental Health Treatment Plan? Yes  No

If the young person is under 16 years, is a legal guardian aware of referral? Yes  No  16 or over

Guardian's name:	Guardian's contact number:
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## Details of Referrer

Name:	Service:	
Address:		
Phone:	Fax:	Email:
Will you or another person from your service have continued involvement with the young person?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:	Phone:
Does the young person currently receive support from any other services?		
Yes <input type="checkbox"/> No <input type="checkbox"/>	Name:	Phone:

Primary reason for referral: Mental Health  Drug and Alcohol  Vocational  Other  \_\_\_\_\_

Signature of Referrer: \_\_\_\_\_ Signature of Young Person: \_\_\_\_\_