



**Emergency contact (in case we can't reach the young person)**

Name:	Relationship to young person:
Address:	
Phone:	

**Details of Referrer- If you are completing this form for yourself you don't need to fill this in**

Referred by (Name):	
Relationship:	Organisation:
Address:	
Phone:	Fax:
Email:	

**Additional Supports**

<b>Does the young person have a regular GP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
GP Name and Practice details:
<b>Does the young person have a mental health care plan?</b> <input type="checkbox"/> Yes (please attach) <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Is the young person engaged with any other services?</b> (e.g., school counsellor, psychiatrist, paediatrician, disability support, housing, employment service etc.)

**Referral details: Please describe the reasons for the referral below**

for example, low mood, anxious, issues with close relationships, grief/loss, school avoidance, drug and alcohol, work issues, physical and or sexual health issues


**Type of service(s) needed, if known:**

- Mental Health  Physical Health  Drug and Alcohol  Vocational Support  Sexual Health and Wellbeing
- Other

**Thank you for completing this referral**

