

Service provider referral form

This form is for young people aged 12-25 years old to fill out, or for family and friends to fill out on their behalf, to request support from **headspace Colac**. We will respond to your referral within 1 week of receipt.

If you need immediate support and you are over 16 years of age please contact the Barwon Health Colac Adult and Youth Service on 1300 763 254 Monday to Friday 9am-5pm. For after hours or if you are under 16 years of age contact the Barwon Health Child and Youth Triage 1300 094 187. If it's an emergency call 000.

Privacy is important to us, the information on this form will be kept confidential in line with headspace and Barwon Health policies. headspace Privacy Policy: headspace.org.au/privacy-policy Barwon Health Privacy Policy: barwonhealth.org.au/privacy-policy

If you would prefer to complete a referral over the phone, please call headspace Colac on (03) 5232 5520

referrer details

referrer name:	referring organization:
referrer phone number:	Referrer job title/ role:
referrer email address:	

young person's details

does the young person consent to the referral at headspace?			<input type="checkbox"/> yes	<input type="checkbox"/> no
first name:	surname:	preferred name:		
pronouns:	gender:	sex:		
languages spoken:	date of birth: (DD/MM/YYYY)	Is an interpreter required? <input type="checkbox"/> Yes <input type="checkbox"/> No		
GP Name:	GP Practice:			
Medicare number:	expiry: (MM/YYYY)	number on card:		
Are you Aboriginal or Torres Strait Islander?				
<input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Both Aboriginal and Torres Strait Islander				
<input type="checkbox"/> No, neither <input type="checkbox"/> Unsure <input type="checkbox"/> Prefer not to say				

young person's contact details

street address:	
suburb:	post code:
Is it okay to send relevant mail to this address? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure	
email address:	phone number:
contact preference: <input type="checkbox"/> phone call <input type="checkbox"/> SMS <input type="checkbox"/> email	

headspace Colac

15/17 Hart St, Colac, VIC, 3250

Website: headspace.org.au/colac

P/H: 03 5232 5520 **Fax:** 03 5232 5542

headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health.

emergency contact details

emergency contact name:	
contact number:	relationship:

reason for contacting headspace Colac: (please tick all that apply)

☐ feeling down or stressed

☐ wanting to see a GP

☐ sexual health (including contraception and sexual health checks)

☐ support with work or study

☐ alcohol or other drugs negatively impacting your life

☐ relationship issues

☐ troubles with family or friends

☐ wanting to talk about sexuality or gender identify

☐ physical health issues

☐ issues with self-harm

☐ suicidal ideation

☐ body image or eating

☐ other

please add any further information you would like to share with us:

further information

Are you currently engaged in education, training, or employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please provide details. *e.g. name of school, hours of work per week.*

Would you like to involve a family member or support person in the next steps of connecting with headspace?

☐ Yes ☐ No ☐ Unsure

Please save completed form and email a copy to headspace Colac at: headspacecolac@barwonhealth.org.au

OR hand in the form to headspace Colac at 15/17 Hart St, Colac, VIC, 3250

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