



service provider referral form

This form is for referrals from professionals, schools and community agencies.

We will respond to your referral within 1 week of receipt. If you need immediate support please contact Barwon Health Child and Youth Triage 1300 094 187 or 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 agency:
Referrer phone number:	Referrer email address:

young person's details

Does the young person consent to the referral at headspace:	Yes	No
Name:	Pronouns:	
Gender:	Date of birth: (DD/MM/YYYY)	
Languages spoken:	Is an interpreter required?	Yes No
Are you Aboriginal or Torres Strait Islander?		
Yes, Aboriginal	Yes, Torres Strait Islander	Yes, Both Aboriginal and Torres Strait Islander
No, neither	Unsure	Prefer not to say

young person's contact details

Street Address:			
Suburb:		Post Code:	
Is it okay to send relevant mail to this address?	Yes	No	Unsure
Email Address:		Phone Number:	
Contact Preference:	Phone Call	SMS	Email

emergency contact details for young person

Emergency contact name:	
Emergency contact number:	Their relationship to the young person:

further information

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

- prefer not to say
- 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
- want to talk about sexuality or gender identity
- issues with bullying or harrasment
- physical health issues
- issues with self-harm
- body image or eating
- other

Please briefly add any further information that you would like to share with us:

Are you currently engaged in education, training or employment?

If you answered yes, can you provide further details? *e.g. name of school attending, 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 the completed form and email a copy to headspace Colac at: headspacecolac@barwonhealth.org.au

headspace Colac

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headspace.org.au/colac