

headspace Cowra Referral Form

Once completed please email to: hs.cowra@marathonhealth.com.au



- Does the young person (YP) know about this referral? Yes
- Have they given consent for this information to be exchanged? Yes
- Is the YP between 12 and 25 years of age? Yes
- If under 16 years, are the parents/carers aware? Yes

If not, the referral cannot be accepted. Get in touch and we'll talk you through some other options.

Is this young person at IMMEDIATE risk of harm to themselves or other people? Yes No

headspace is an early intervention and prevention service. If the young person is currently at risk of harm to themselves or to someone else, they are not suitable for **headspace** services. Please either contact the Mental Health hotline on 1800 011 511 (24 hours) for appropriate services, take them to your nearest hospital or call 000.

| | | |
|------------------------------------|---|---------------------------------|
| Name | | |
| Date of Birth | | |
| Cultural Identity | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both <input type="checkbox"/> Other | |
| Gender/Preferred Pronouns | | |
| Address | | |
| Who with? | <input type="checkbox"/> At home with family <input type="checkbox"/> Living alone <input type="checkbox"/> Staying with friends <input type="checkbox"/> Homeless <input type="checkbox"/> Refuge <input type="checkbox"/> Supported accommodation | |
| YP Phone Number | | |
| Email (optional) | | |
| Name of parent/guardian (optional) | | Parent/guardian contact number: |

- Who is the best person to contact about this referral? YP Parent/Guardian Referrer
- Is YP at school, TAFE, University or working? Yes No

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| <p>1. What has led to this referral to headspace? What are the current concerns?</p> |
| <p>2. Is the YP at non-immediate risk of harm? Are there any identifiable risk factors? (e.g. thoughts of suicide, self-harm, harm towards others, risk-taking behaviours, substance use, risk of homelessness)</p> |

3. Anything else happening that might be affecting the YP? (e.g. family issues, exam stress, issues with friends or relationships)

4. Anything from the past that might be affecting the YP now?

5. Any previous mental health support/treatment, counselling, medication or diagnoses?

6. What does the YP feel would be useful about coming to headspace, what are their goals? How motivated are they to come?

7. Any other information that may be relevant? (e.g. family history of mental health issues, court involvement, intellectual disability, physical disability)

Does YP have a GP?

Yes No

GP Name

Medical Centre / Practice

Is there a current Mental Health Treatment Plan?

Yes No

Does the YP have an NDIS plan?

Yes No

Any other workers/services involved?

Name

Position / Organisation / Contact number

Referrer details

Name:

Position / Organization:

Email:

Best contact number:

Referrer signature:

Date:

Headspace use only

SRI noted in file title: Yes No N/A

Escalated to Senior Clinical/Lead: Yes No N/A