Referral to headspace Devonport

Address: 64 Stewart St, Devonport, Tasmania, 7310 **Phone:** (03) 6424 2144
Email: headspace@csys.com.au
Website: www.cornerstoneyouthservices.com.au/ **or**
www.headspace.org.au/headspace-centres/devonport

Please Note: headspace Devonport is not an acute mental health service. If you have concerns for a persons immediate safety please contact the Mental Health Helpline on 1800 332 388. For urgent medical assistance please call: 000

Young Persons Details:

Name:_____ Gender: _____

Date of Birth:_____

Address:_____

Home Phone:_____ Mobile Phone: _____

Email:_____

Which contact/s would the young person prefer us to use?

☐ Mobile ☐ Home Phone ☐ Email ☐ Voicemail ☐ Letter

Referrer Information

Name:_____

Work Number:_____ Fax:_____

Email:_____

Your Position:_____ Your Organisation:_____

Will you or another person have continued involvement with the young person?

◯ YES ◯ NO

Does the young person currently receive support from any other services? .

◯ YES ◯ NO

If yes, please list the name of the service/s, a contact person and phone number below:

headspace is a voluntary service. Have you confirmed with the young person that you are sending this referral?

◯ YES ◯ NO

Referrer Signature:_____ Date:_____

Appointments:

Who should headspace Devonport contact to make an appointment?

◯ Young person ◯ Referrer

What is the reason for referral?

Is the Referral Urgent?:

☐ URGENT ☐ ROUTINE

Does the young person have a Mental Health Plan?

☐ YES ☐ NO If YES, please attach.

Risk Factors if Urgent:

Reason For Referral

Situational

- ☐ Conflict in home environment
- ☐ Homeless or at risk
- ☐ Bullying in school
- ☐ Violence
- ☐ At risk of social isolation
- ☐ Anger issues
- ☐ Sexual Assault
- ☐ Other

Mental Health

- ☐ Anxiety
- ☐ Stress Related
- ☐ Suicidal Thoughts/Behaviour
- ☐ Depression
- ☐ Trauma
- ☐ Risk Taking
- ☐ Other

Sexual Health

- ☐ STI Health Testing
- ☐ Contraception
- ☐ Other

Alcohol & Other Drugs

- ☐ Alcohol
- ☐ Tobacco
- ☐ Marijuana
- ☐ Other

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