headspace Outreach Project (hOP)
External Services Referral Form

Once completed, please return to reception or email to:
hs.dubbo@marathonhealth.com.au

Date:

*If a Young Person, Family or Friend wants to make a referral, please complete the Self-Referral Form

headspace is a voluntary early intervention and prevention service for young people aged 12-25. If you (the young person) are at current risk of harm to yourself or to someone else, please either contact the Mental Health Line on 1800 011 511 (24 hours) for appropriate services or go to your nearest hospital or call 000.

Nearest hOP Support Location: ☐ Bourke ☐ Brewarina ☐ Collarenebri ☐ Condobolin ☐ Coonamble ☐ Gulargambone ☐ Lightning Ridge ☐ Nyngan ☐ Walgett ☐ Warren

Is the Young Person aware you are contacting headspace Dubbo? ☐ Yes ☐ No

Does the Young Person consent to the referral and headspace contacting them: ☐ Yes ☐ No

*If no, the referral cannot be processed

If the young person is under 16 years of age:

Has a parent or legal guardian provided consent for the referral to take place: ☐ Yes ☐ No

Parent/Guardian name: _____ Contact Number: _____

*If no, the referral may not be able to proceed – please contact us to discuss on (02) 6941 9023

Young Person's Details

Young Person's Name: _____ Gender: _____ Pronouns: _____ /_____

Date of Birth: Age: _____ Medicare Number: _____ __ Exp: ____ /____

Contact Number: _____ Is this number for Young Person? ☐ Yes ☐ No

*If no, who is it for: _____ Relationship to Young Person: _____

Can we send SMS messages to this number: ☐ Yes ☐ No

Residential Status:
☐ At home with family ☐ Living alone
☐ Staying with Partner/Friend ☐ Homeless
☐ Refuge ☐ Supported Accommodation
☐ Other: _____

Address: _____

Postal Address (if different from above): _____

Can we send mail to this address: ☐ Yes ☐ No

Email address: _____ Is this Email address for Young Person? ☐ Yes ☐ No

*If no, who is it for: _____ Relationship to Young Person: _____

Can we send you emails (Such as our Welcome Pack): ☐ Yes ☐ No

Demographics

Does the Young Person Identify as: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Non - Indigenous

Does the young person identify as culturally and/or linguistically diverse? ☐ Yes ☐ No

*If yes, what language: _____

Is an interpreter required? ☐ Yes ☐ No

Reason for Contact – What has led to the referral? (Goals and Challenges)

Safety

Are there any indicators of risk or harm:

Thoughts of Suicide	☐ Yes	☐ No	☐ Unsure
Self-Harm	☐ Yes	☐ No	☐ Unsure
Harm to Others	☐ Yes	☐ No	☐ Unsure
Substance Abuse	☐ Yes	☐ No	☐ Unsure
Domestic Violence	☐ Yes	☐ No	☐ Unsure

Details of Risk:

Additional information

Is there anything else happening/has happened previously that might be affecting the Young Person? (e.g. Family issues, exam stress, issues with friends or relationships)

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

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

Any Further Information the Young Person would like to share: (e.g. family history of mental health issues, court involvement, intellectual disability, physical disability)

Other Services/Workers that support Young Person?

Name: _____ Organisation/Position: _____

Email: _____ Contact Number: _____

Name: _____ Organisation/Position: _____

Email: _____ Contact Number: _____

Does Young Person have a GP? ☐ Yes ☐ No ☐ Unsure
*If yes, see below

GP Name: _____ GP Practice: _____

Does Young Person have a current Mental Health Treatment Plan? ☐ Yes ☐ No ☐ Unsure

*If yes, please provide a copy to headspace

Does the Young Person have a NDIS plan? ☐ Yes ☐ No ☐ Unsure

Referrers Details:

Name: _____ Organisation/Position: _____

Email: _____ Contact Number: _____

Referrer Signature: _____ Date:

Emergency Contact

Please provide the contact details for someone, over the age of 18, who you would feel comfortable with us contacting in the event of any concerns for your safety or wellbeing:

Name: _____ Contact Number: _____

Relationship to Young Person: _____

headspace use only

Form Collected by: _____ Role: _____

Signature: _____

Mastercare File created: ☐ Yes ☐ No ☐ N/A MCID: _____

Safety Risk Identified (SRI) noted in file title: ☐ Yes ☐ No ☐ N/A

Escalated to CTL if any safety questions marked as, 'Yes'? ☐ Yes ☐ No ☐ N/A CTL Signature: _____

Cultural and Demographic Information added to Mastercare? ☐ Yes ☐ No ☐ N/A

Welcome Pack provided: ☐ Yes ☐ No ☐ N/A

hAPI Profile created: ☐ Yes ☐ No ☐ N/A

Clear Form

Send to headspace