headspace Edmondson Park Referral Form



Relationship (Position and Organisation if appropriate):

Email to: headspace_edpark@gph.org.au

Fax referral to: TBC

- We strongly recommend anyone referring a Young Person to also call and speak to an Intake Worker on 02 4604 3060. Our intake workers are free to answer calls from 8:30am to 5:00pm, Monday to Thursday.
- Referrals are considered the week after we receive them. We'll be in touch after that to offer an appointment or to discuss who might be in a better position to support you / the Young Person.
- We are not an emergency service. If you / the Young Person needs immediate assistance, please
 call the mental health care line (1800 011 511) or go to the nearest hospital emergency department.

Although you may not be able to fill out all boxes provided, please keep in mind the more information provided on the referral form determines the Young Person's need to complete an intake assessment prior to allocation. If you could please complete this form with as much detail as possible to ensure a quicker, smoother transition for the Young Person and our team.

Date of referral:

Name:

Referrer details (if applicable)

Best contact number:	Email:
Consents	
Who is the best person to contact about this referral?	□ YP □ Parent / Guardian □ Referrer
Does the YP know and consent to this referral and to taking part in an assessment?	Yes \square No \square (intake cannot proceed – please discuss this first with YP)
Does the YP/referrer give permission for headspace to seek information from previous services they have engaged with?	Yes □ No □
If under 14 years, do the parent/carers consent to treatment?	Yes □ No □
headspace collects some information by way of an online survey. Is the YP	Yes □ No □

Contact Details	
Name:	
Age:	
Date of Birth:	
Gender:	□ Female □ Male □ Transgender (F-M)
_	☐ Transgender (M-F) ☐ Non-binary ☐ Other
Pronouns used:	
Address:	
Who do they live with?	☐ At home with family ☐ Living alone ☐ Refuge
	☐ Staying with friends ☐ Homeless ☐ Supported
	accommodation
Phone Number (YP or carer):	
Email (YP or carer):	
Name and phone of parent/guardian in case of emergencies:	
Family and Friends Involvement	
headspace values the	
involvement of family wherever possible.	
Does the young person have any	
family and friends they would like involved (name /	
relationship)?	
Does the young person have any concerns about involving family?	
concerns about involving family?	
Work and Study	
Does the YP have a daytime activity?	☐ School ☐ Work ☐ University
	□ Volunteering
Details (where / what year / what are the	
studying etc)?	
If the YP is not working / studying, wo	uld
they be interested in accessing suppo	ort
from headspace work and study?	

Cultural Background				
What cultural background does the YP identify as:				
Would an interpreter be helpful for the	Yes □ No □			
YP or family?	Details			
Is YP from a refugee background?	Yes □ No □			
	Details			
Is YP of Aboriginal or Torres Strait	Yes □ No □			
Islander background?				
Referral Information				
	the company of the co			
What's lead to referring to headspace? What	at are the current concerns?			
Goals				
	de the colored to enhice a in consider to be adequated			
what are the Young Person's Goals? what o	do they hope to achieve in coming to headspace?			
	hers? Please note the importance of completing this section with			
	and immediacy of risk, and ensures appropriate interventions are			
placed.				
Suicidal ideation: Nil □ Historical □ Curr	ent - *risk assessment = scored (I evel of risk) * refer to			
Suicidal ideation: Nil \square Historical \square Current \square *risk assessment = scored (Level of risk) * refer to risk assessment on last page for score/level of risk, if there is any mention of suicidality.				
non assessment on last page for score/level of risk, if there is any mention of suicidality.				
Details (thoughts, plans/intentions/ability to keep safe? Attempts – number, means, most recent date?):				
Details (thoughts, plans/intentions/ability to k	•			
Details (thoughts, plans/intentions/ability to k	•			
Details (thoughts, plans/intentions/ability to k	•			
Details (thoughts, plans/intentions/ability to k	•			
Details (thoughts, plans/intentions/ability to keep self-harm: Nil □ Historical □ Current □	•			
Self-harm: Nil □ Historical □ Current □	reep safe? Attempts – number, means, most recent date?):			
	reep safe? Attempts – number, means, most recent date?):			
Self-harm: Nil □ Historical □ Current □	reep safe? Attempts – number, means, most recent date?):			
Self-harm: Nil □ Historical □ Current □	reep safe? Attempts – number, means, most recent date?):			
Self-harm: Nil □ Historical □ Current □	reep safe? Attempts – number, means, most recent date?):			

Anything else happening that might be affecting the YP? (e.g. family issues, exam stress, issues with friends				
or relationships). Anything from the past that might be affecting the YP now?				
Any provious mental health support / treatm	ent, counselling, medication or diagnoses? What other supports			
are in place for the YP (organisations / servi				
are in place for the 11 (eigenheather) conti	<u>555).</u>			
Any other information that may be relevant?	(e.g. family history of mental health issues, court involvement,			
intellectual disability, physical disability)	(o.g. farmly motory of montal module, court involvement,			
	ealth concerns? Is body image / self esteem a concern? Is drugs			
and alcohol a concern for the YP?				
GP				
Does the YP have a regular GP?	Yes □ No □			
_				
Is there a current Mental Health Care	Yes □ No □			
Plan?				
GP Name:	Medical Centre / Practice:			
O. Ruino.	modical collic / Fractice.			
Medicare card no / reference / expiry:				
Centrelink Concession card CRN / expiry:				
1				

Suicide Screen. Please complete if the young person has indicated ANY suicidal thoughts / ideation above.

In the past month, have you:			No	Yes	
a.	Thought that you would be better off dead			0	1
b.	Want to harm yourself			0	2
c.	Think about suicide			0	6
d	Have a suicide plan			0	10
e.	Attempt suicide			0	10
f.	Have you ever in your lifetime make a suicide attempt:			0	4

Score		0
		1 - 5
		6 - 9

Please consult immediately

high risk category.

with the Clinical Lead for	any young p	person who	scores in the

no current risk

moderate risk

low risk

high risk

 Please complete a safety plan for any young person who scores in the moderate risk category and provide while you wait options including the link for the beyond blue safety plan. Please highlight the moderate score on the intake form. Consult with Clinical Lead if appropriate.

10+

 Please confirm with any young person in the low risk category whether they can stay safe until we contact them and provide while you wait options.

For all young people, please remind them to call us if their circumstances change or they feel they cannot stay safe. Please provide while you wait options and information regarding the wait list groups.

For more information, please refer to the Clinical Handbook and Clinical Governance framework but always remember that if you are concerned, communicate this with the Clinical Lead or Manager.