

headspace Geelong service provider referral

This form is for referrals from professionals, schools and community agencies.
 Privacy is important to us, the information on this form will be kept confidential in line with headspace and Stride policies.
 headspace Privacy Policy: headspace.org.au/privacy-policy Stride Privacy Policy and Statement: stride.com.au/privacy-policy

referrer details

Referrer First Name:	Referrer Last Name:
Referrer Phone Number:	Referrer Email Address:
Referring Agency:	

young person's details

Does the young person consent to the referral to headspace?		Yes	No
First Name:	Last Name:		
Preferred Name:	Pronouns:		
Gender:	Date of Birth: (DD/MM/YYYY)		
Preferred Language:	Is an Interpreter Required?	Yes	No
Is the young person Aboriginal or Torres Strait Islander?			
Yes, Aboriginal	Yes, Torres Strait Islander	Yes, Both Aboriginal and Torres Strait Islander	
No	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

Presenting Issues: *(please tick all that apply)*

- 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 and or harassment
- Physical health issues
- Issues with self-harm
- Body image or eating
- Other

Please add any further information that will support our engagement and service planning process:

Would the young person 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 Geelong at: hsgeelong.intake@stride.com.au

- Please attach copy of current Mental Health Treatment Plan if available
- Please attach any other supporting documents that may be relevant

headspace Geelong

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