

Appendix 3

headspace Grafton Referral Form

Please fax to (02) 6642 7391 or email to hgregerrals@healthvoyage.org.au

Referrals are reviewed by the headspace clinical team and the preferred contact person will receive a phone call within 5 working days.

headspace Grafton is not a crisis service. headspace Grafton provides early intervention for young people aged 12 – 25 years experiencing, or at risk of experiencing, mild to moderate mental health concerns. For all immediate mental health concerns, please call:

- Mental Health Access Line: 1800 011 511
- Kids Helpline: 1800 551 800

Date of referral:

Details of Young Person

Name: Preferred name:

Date of birth: Age:

Address: Homeless

Phone: Can we use this number to SMS appointment reminders? Yes No

Email:

Gender Identity: Birth sex: Female Male

Aboriginal or Torres Strait Islander (TSI): Aboriginal TSI

Both Not Indigenous

Is the young person a student? Yes No Don't Know

School / University and year:

Has the young person been a client at headspace Grafton before? Yes No

If the young person is under 16 years, are the parents/carers aware of referral? Yes No N/A

Has the young person agreed to this referral? Yes No

Note: consent of the young person is required

Preferred Contact Person for Initial Contact Call

Name:

Address:

Phone: Relationship to young person:

Details of Referrer - To ensure follow-up, please complete the information below.

Referred by (Name): Self Referred

Organisation:

Address:

Phone/Fax: Relationship to young person:

Email:

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Additional Supports

Does the young person have a regular GP? Yes No Don't Know

GP Name and Practice details:

Does the young person have a mental health care plan? (please attach) Yes No Don't Know

Is the young person engaged with any other services? Please circle/highlight any that apply

- School counsellor,
- Psychiatrist,
- Paediatrician,
- Disability support,
- Housing,
- Employment service,
- Dietitian,
- Psychologist
- Other (please provide detail)

Please describe the reasons for the referral, including behaviours, feelings, actions, anything of concern.

Type of service(s) needed:

- Mental Health Physical Health
- Drug and Alcohol
- Vocational Support
- Sexual Health & Wellbeing
- Other

Form completed by:

Thank you for completing this referral

Please fax to 02 6642 7391 or email to hgferrals@healthvoyage.org.au Referrals are reviewed by the headspace Grafton Youth Access Clinical Team within 5 working days of receipt and the preferred contact person (page 1) will be contacted.