

headspace Greensborough & Plenty Valley

Professional Referral Form

headspace Greensborough and Plenty Valley offer early intervention support for young people aged 12-25 years

Please note that headspace Greensborough and Plenty Valley is not a crisis service

Crisis care can be accessed via:

Under 18 Triage

9am-5pm, Monday to Friday (Darebin, Whittlesea, Banyule, Nillumbik) 1300 859 789

North East MH Triage Service 24 hours (Banyule, Nillumbik) 1300 859 789

Northern MH Triage Service 24 Hours (Darebin, Whittlesea) 1300 874 243

Eastern MH Triage Service 24 hours (Manningham) 1300 721 927

Date: Click or tap to enter a date.

Young Person's Details			
Young person is aware about and agrees to referral: <input type="checkbox"/> Yes			
Title:	Name:		
Gender Identity:	Pronouns:	DOB:	
Address:			
Phone:		Email:	
Preferred Mode of Contact: <input type="checkbox"/> SMS <input type="checkbox"/> Phone call <input type="checkbox"/> Email <input type="checkbox"/> Letter			
Do you identify as Aboriginal and Torres Strait Islander: Pick Item			
Are you Culturally and Linguistically Diverse: <input type="checkbox"/> No <input type="checkbox"/> Yes - please state background:			
Does the Young Person / Family / Carer require an Interpreter? <input type="checkbox"/> No <input type="checkbox"/> Yes - please state language (including AUSLAN):			

Emergency Contact	
Name:	Phone:
Relationship to Young Person:	
If no Emergency Contact provided, please state why	

Referrer Details	
Name:	Role:
Phone:	Agency:
Fax:	Email:

Referral Information

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

Other Organisations/Supports in place (i.e. GP, School Wellbeing, Child Protection Services, Family Services – please include role and contact information):

Reasons for Referral

E.g. presenting concerns, current issues, duration, level of impact, and willingness for support etc.

Relevant Background and Additional Information

Risk and Safety Concerns – please attach Current Risk Assessment if available

- ☐ Suicidal Behaviours
 - ☐ Historical – 12 months ago or more
 - ☐ Current – please provide details

- ☐ Non-Suicidal Self-Injury or Self-Harming Behaviours, including Risk-Taking
 - ☐ Historical – 12 months ago or more
 - ☐ Current – please provide details

- ☐ Alcohol or Other Drug use
 - ☐ Historical – 12 months ago or more
 - ☐ Current – please provide details

- ☐ Family Violence
 - ☐ Historical - 12 months ago or more
 - ☐ Current - please provide details, including IVOs
 - ☐ MARAM Risk Assessment & Safety Plan completed? Please attach if available

- ☐ Harm to Others
 - ☐ Historical – 12 months ago or more
 - ☐ Current – please provide details

- ☐ Forensic
 - ☐ Historical – 12 months ago or more
 - ☐ Current – please provide details

Mental Health Wellbeing & Safety Plan completed? Please attach if available:

Consent

I, _____ [carer's name if young person under 16 years, young person's name if 16 years or over], give consent for this referral to be made and give permission for ____ [referrer name] to exchange all relevant information with headspace Greensborough & Plenty Valley for the purpose of this referral.

Young person/carers signature: _____ Date: _____

OR Tick if verbal consent was obtained ☐

Please send through any relevant documentation with your referral (i.e. MHCP, Assessments or Discharge Summary) via email: headspacegreensborough@mindaustrialiaorg.au / headspaceplentyvalley@mindaustrialia.org.au or fax: 03 9435 8621