

headspace Griffith is a voluntary service for young people aged 12 -25 years. headspace can only engage with the young person if they have consented to the referral. Please ensure all sections are completed and legible.

If the young person is experiencing current;

- Suicidal thoughts
- Suicidal Plan
- Suicidal Intent

Please contact Accessline on 1800 800 944 or 000 instead of making this referral as headspace Griffith is not a crisis service.

OFFICE USE ONLY:

Date of Referral: _____

Taken by : _____

File No.: _____

Does the young person consent to provide the following information to headspace and it being stored in headspace's client management system and hAPI

☐ Yes ☐ No

If the young person is under 14 years of age, have the parents or carers of the young person consented to the referral as well?

☐ Yes ☐ No

YOUNG PERSONS INFORMATION

First Name: _____ Last Name: _____

Preferred Name: _____ Birth Date: _____

Country of Birth: _____ Nationality/Cultural background: _____

Do they identify as Aboriginal/ Torres Strait Islander? ☐ Yes ☐ No

Gender: ☐ Male ☐ Female ☐ Other Pronouns: _____

Address: _____ Suburb: _____ Postcode: _____

Email: _____ Mobile Phone: _____

EMERGENCY CONTACT: (we will contact this person if we are concerned about the young person's safety)

First Name: _____ Last Name: _____

Preferred Name: _____ Relationship to young person: _____

Nationality/Cultural background: _____ Interpreting Service Required?: ☐ Yes ☐ No

Address: _____ Suburb: _____ Postcode: _____

Email: _____ Phone (Business Hours): _____

DETAILS OF REFERRER: (please ensure this section is completed) Please tick if same as above ☐

Name of referrer: _____ Organisation: _____

Address: _____ Suburb: _____ Postcode: _____

Email: _____ Phone (Business Hours): _____

Mobile Phone: _____ Relationship to young person: _____

REASON FOR REFERRAL

- | | | |
|---|---|---|
| <input type="radio"/> Wellbeing & Mental Health | <input type="radio"/> Alcohol & Other Drugs | <input type="radio"/> Psychology Services |
| <input type="radio"/> General or Sexual Health | <input type="radio"/> Work, School, Study | |

MAIN REASON FOR REFERRAL:

RELEVANT PAST HISTORY :

IS THERE ADDITIONAL INFORMATION HEADSPACE GRIFFITH SHOULD BE AWARE OF SUCH AS:

Discharge Summary

☐ Yes ☐ No

Court Orders (AVO's, Parental Orders etc):

☐ Yes ☐ No

Previous relevant reports or assessments such as paediatric/psychiatric letters, school reports, or NAPLANs

IF YES PLEASE SUPPLY TO**enquiries@headspacegriffith.org.au**

Does the young person currently see any other services?

☐ Yes ☐ No

If Yes please tick appropriate box/boxes

- ☐ Drug & Alcohol ☐ Child protection ☐ School/ Other Counsellor ☐ Child/ Adolescent Mental Health
- ☐ Adult Mental Health ☐ Corrective Services ☐ Allied Health/ Non-Government Support ☐ Specialist Medical Services (Psychiatrist/Pediatrician etc)
- ☐ Other - Please Specify

Is the other service/s aware of the referral to headspace Griffith?

☐ Yes ☐ No

Will the other service/s currently involved continue working with the young person?

☐ Yes ☐ No

DOES THE YOUNG PERSON SEE A REGULAR GP?

☐ Yes ☐ No

Name of GP: _____

Name of Medical Centre: _____

Phone (Business Hours): _____

Email: _____

OFFICE USE ONLY:

REFERAL ADDITIONAL NOTES