

REFERRAL FORM

Date of referral: _____

Has the young person consented to this referral being made? Yes No

If the young person is under the age of 14, have the persons
Parents or carers given consent? Yes No

Young person's details:

First name:		Surname:	
Date of Birth:	Age:	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:			
Postal address (If different from above)			
Phone number:			
Email address:			

Alternative contact details: *Please note we must at least two ways that we can contact you

Name:	Phone:
Relationship to young person:	

Do you identify as being Aboriginal? Yes No

Do you identify as being Torres Strait Islander? Yes No

Do you identify as being Aboriginal and Torres Strait Islander? Yes No

Services I am interested in:

- Mental Health Services
- Drug and Alcohol
- Vocational/Educational/Job seeking
- Doctor (bulk billed with current Medicare card)
- Other: _____

Please outline your reasons for referring:



Other Services:

Do you have a GP? Yes No _____
Are you linked with any other services? Yes No _____
Do you have a counsellor? Yes No _____
Have you accessed counselling sessions in the past year? Yes No Date: _____

Risk:

Have you deliberately harmed yourself in the past 6 months? Yes No
Have you been admitted to hospital in the last 6 months for mental health? Yes No
Have you thought of ending your life in the past 6 months? Yes No

*If yes to any of the above questions Accessline may need to be advised. Careplan to be completed by worker.

Referrer's Details:

Referrer's name: _____
Organisation: _____
Relationship to client: _____
Phone Number: _____

*Please note: We will liaise with the client from this point, unless consent is provided by the client.

How to submit this form:

In person: Drop into our centre at 1/26 Ulong Street Griffith
Telephone: 02 6962 3277 Fax: 02 6962 6925
Email: enquiries@headspacegriffith.org.au
Mail: P.O. Box 1067 Griffith N.S.W. 2680

Please note: headspace Griffith is not a crisis service
For any immediate concerns please call
Accessline on 1800 800 944 (24 hour service)

Office use only: Referral entered Referral scanned Allocated and date _____
Support numbers provided: Accessline Ph:1800 800 944 kids helpline Ph:1800 55 1800
and lifeline Ph: 13 11 44)