Referral Form

Referral Date:		Time of Referral:		Referral Source:	
Is the young person aware of this referral? ☐ Yes ☐ No			Are they open to attending appointments? ☐ Yes ☐ No		

Client Details					
First Name:		Last Name:		Preferred Name:	
Date of Birth:	/ /		Medicare Number:	_ _ _ _ _ _ _ _ _ _ _ ☐ Exp /	
Contact Number:			Email Address:		
Address & Suburb:				Post Code:	
Gender Identity:	☐ Male ☐ Female ☐ Questioning ☐ Other: _____			Pronouns used:	
Sexual Orientation:	☐ Straight ☐ Lesbian ☐ Gay ☐ Bisexual ☐ Questioning ☐ Other Sexuality: _____				

Client Identity	
Do you identify as Aboriginal or Torres Strait Islander?	Do you speak a language other than English at home?
☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ N/A Who is your mob? _____	☐ Yes (Please State): _____ ☐ No
Do you identify as Culturally and Linguistically Diverse? ☐ Yes ☐ No ☐ Unsure ☐ Other: _____	

External Service Involvement (i.e. Child Safety, Red Cross, Youth Justice, etc.)			
Service Name:		Contact Person:	
Service Name:		Contact Person:	
Service Name:		Contact Person:	
Is the young person linked in with child safety? ☐ Yes ☐ No		Contact Person:	

Emergency Contact Details			
Primary Contact Name:		Secondary Contact Name:	
Contact Number:		Contact Number:	
Relationship:		Relationship:	
Can we contact this person about appointments? ☐ Yes ☐ No		Can we contact this person about appointments? ☐ Yes ☐ No	
Would this person like to join our Friends and Family Committee or know more about it? ☐ Yes ☐ No		Would this person like to join our Friends and Family Committee or know more about it? ☐ Yes ☐ No	

☐ Are you currently or wanting to study or look for employment?	Would you like to be linked in with our headspace Work and Study team to help you with this? ☐ Yes ☐ No

Reason for referral and any additional information (i.e. mental health support, sexual health support, addiction support)

Please email referral forms to the below email addresses:

Hervey Bay: faxherveybayheadspace@wmq.org.au **Maryborough**: fax.maryborough.headspace@wmq.org.au

Please also attach any additional information from GP, Youth Justice, Child safety, etc. e.g. Mental Health Care Plan.

For Office Use Only

☐ New Referral ☐ Re-Engagement ☐ Maryborough Office ☐ Hervey Bay Office

☐ NDIS ☐ IPS ☐ hAPI ☐ MMEx ☐ MHTP ☐ Welcome Pack

version 1.4, May - 2023