

# Referral to headspace Hobart

**Please Note:** headspace Hobart is not an acute mental health service.  
 If you have concerns for a person's immediate safety please contact:  
 Mental Health Helpline: 1800 332 388. For urgent medical assistance call: 000

Today's date:

It is important that the young person is aware of this referral and agrees to attend **headspace** Hobart appointments

## Young person's details:

Full Name:			
Date of Birth:	Preferred name:		
Phone (home):	Phone (mobile):		
If the above number(s) are for another person (eg. partner/guardian) please provide their name and relationship to the young person:			
Address (Street):	Address (Suburb):		
Email:			
Which contact/s would the young person prefer us to use?	<input type="checkbox"/> Home	<input type="checkbox"/> Mobile	<input type="checkbox"/> Email
Can we use SMS to confirm appointments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Referrer information:

Your name:	Phone:		
E-mail:			
Your relationship to young person:	Your position and organisation:		
Will you or another person from your service have continued involvement with the young person?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Name:	email:
Does the young person currently receive support from any other services? Please list the name of the service/s, a contact person and phone number (use other side of page if necessary):			

## Appointments:

Who should <b>headspace</b> Hobart contact to make an appointment? (please ensure contact number is provided)	<input type="checkbox"/> Young Person	<input type="checkbox"/> Referrer
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Please note: Young people are routinely asked if they consent to **headspace** telling anybody else (family, friend, partner or supporting organisation) about their appointment attendance. Sharing additional information needs to be formally arranged with the young person's consent.

At what location would the young person like to receive a headspace service at*?			
<input type="checkbox"/> Hobart	<input type="checkbox"/> Huonville		
<input type="checkbox"/> Glenorchy	<input type="checkbox"/> Rosny		
*We cant guarantee a location but will try to accommodate the young person and their carer where possible			

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## What is the reason for referral?

Brief summary		
Does the young person have a Mental Health Care Plan?	<input type="checkbox"/> Yes (please attach if available)	<input type="checkbox"/> No
Have any assessments been completed?	<input type="checkbox"/> Yes (please attach if available)	<input type="checkbox"/> No

## Related Concerns:

Mental Health	
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Stress related
<input type="checkbox"/> Depression	<input type="checkbox"/> Risk taking
<input type="checkbox"/> Trauma	
Comments (optional):	

Sexual Health	
<input type="checkbox"/> STI health testing	<input type="checkbox"/> Contraception
Comments (optional):	

Alcohol and Other Drugs	
<input type="checkbox"/> Alcohol use	<input type="checkbox"/> Other substance use
Comments (optional):	

Situational	
<input type="checkbox"/> Conflict in home environment	<input type="checkbox"/> Homeless or at risk
<input type="checkbox"/> Bullying in school	<input type="checkbox"/> Social isolation
<input type="checkbox"/> Anger issues	
Comments (optional):	

Please return this form to **headspace** Hobart:

**email:** [headspacehobart@thelink.org.au](mailto:headspacehobart@thelink.org.au)

**fax:** 6231 3908

**post:** GPO Box 844, Hobart, TAS, 7001

Please call us on **6231 2927** if you have any queries about the referral process.