

Referral to headspace Hobart

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

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.