

# headspace Horsham Referral Form



## Referral information about headspace Horsham

- headspace Horsham is a service for young people aged 12yrs and up to 25yrs.
- At headspace Horsham we can only engage with young people who are happy and willing to engage and who have provided consent for this referral.
- headspace Horsham is unable to support with ADHD and ASD assessments.
- headspace Horsham is not a crisis service. Contact emergency services on 000 if the young person is in crisis or at acute risk of harming themselves or others. You may also contact the Grampians Area Mental Health triage line on 1300 247 647.
- headspace Horsham is a voluntary service. The young person may withdraw from the referral or headspace Horsham service at any time.

**Has the young person agreed to this referral?** Yes  No

If no, please seek consent before proceeding with this referral.  
headspace Horsham cannot proceed with this referral without the young person's consent.

**Referral Date:** \_\_\_\_\_

### Details of young person

First name \_\_\_\_\_ Surname \_\_\_\_\_

Preferred name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender  male  female  trans male  trans female  gender neutral  non-binary  questioning

Pronouns  he him his  she her hers  Their them they

Is the young person Aboriginal or Torres Strait Islander (ATSI)? Aboriginal  Torres Strait Islander

Both Aboriginal and Torres Strait Islander  Neither Aboriginal or Torres Strait Islander

Country of Birth \_\_\_\_\_ Main cultural background other than ATSI? \_\_\_\_\_

Language other than English? Is an interpreter required? \_\_\_\_\_

Address \_\_\_\_\_

Suburb/town \_\_\_\_\_ Post Code \_\_\_\_\_

Email \_\_\_\_\_ Mobile \_\_\_\_\_

Medicare # \_\_\_\_\_ Reference # \_\_\_\_\_ Expiry \_\_\_\_\_

Are there any alerts in regards to this referral that we should be aware of? (i.e. no parent contact, no letters home, etc) \_\_\_\_\_

### Other contact details

emergency contact  next of kin  preferred contact person

Name \_\_\_\_\_ Mobile \_\_\_\_\_

Relationship to young person \_\_\_\_\_

### Details of referral

(Primary reason for referral)

mental health  drug and alcohol  vocational  GP services  groups

other \_\_\_\_\_



### Details of referrer (person completing this document)

Name \_\_\_\_\_ Relationship to young person \_\_\_\_\_

Organisation (if applicable) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Additional referral details

- Does the young person have a mental health care plan?  Yes  No
  - Does the young person have an NDIS plan?  Yes  No
  - Is the young person currently involved in other support services?  Yes  No
  - If so, what are they (this includes GP, community service, mental health services, etc)
- 

### Presenting issues

- Anxiety
  - Depression
  - Bullying
  - Scho
  - Difficulty sleeping
  - Relationship issues
  - Stress
  - Low self-esteem
  - Grief and loss
  - Low self-esteem
  - Anger
  - Alcohol/drug use
  - Physical Health
  - Sexual Health
  - Work issues
  - Pregnancy/Parenting issues
  - Pending legal matters
  - Financial difficulty
  - Learning disabilities
  - Suicidal thoughts/behaviours
  - Self-harm behaviour/threats
  - Body image/disordered eating
  - History of trauma
  - Sexual abuse
  - Family Violence
  - Physical Abuse
  - Harm or threats to others
  - Other \_\_\_\_\_
- 

**Please summarise the young person and what you hope headspace Horsham can achieve for them. Feel free to also add any relevant information not yet covered.**

---

---

---

---

---

---

---

---

---

---