headspace Inala Referral Form

headspace Inala is an established mental health service, focused on delivering improvements in the lives of young people aged 12 to 25 years. Our multi-disciplinary team of health professionals provides early-intervention supports to young people in the areas of primary health, mental health, drug and alcohol services, and vocation and education services.

Acceptance of referrals is not guaranteed. All referrals will be triaged by our intake team to assess eligibility and suitability. The outcomes will be provided to referrers via telephone, email or fax.

Referral Details	
Referral date	
Referrer name	
Referrer relationship to young person	
Referrer title and organisation (or n/a)	
Referrer contact number	
Referrer email address	

Please confirm:

□ The young person has provided consent for this referral.

□ If under 15 years, the parent/carer of the young person has provided consent for this referral.

Young Person's Detai	S	
Full name	Date of birth	
Preferred first name	Gender identity	
Street Address		
Suburb	Postcode	
Contact number		
Email address		
Country of birth	Ethnicity	
Interpreter required?	□ No □ Yes If yes, language of interpreter:	
Does the young person identify as a member of one of the following groups?	 □ Aboriginal □ Torres Strait Islander □ Aboriginal and Torres Strait Islander □ Neither 	

Parent or Carer Details (if applicable)			
Full name			
Relationship to young person			
Street Address			
Suburb	Postcode		
Contact number			
Email address			

Referral Information and Presenting Issues			
Referral Information and Presenting Issues Mental health Anxiety Depression Schizophrenia/Schizoaffective disorder Bipolar Affective Disorder Personality disorder PTSD/trauma history Eating problems/disorder Autism Spectrum Disorder (including Asperger's) ADHD Physical disability Intellectual disability Grief and loss Sexual identity concerns Gender identity concerns Physical health concerns	Behaviours/concerns Withdrawn/isolated Crying Difficulty sleeping/sleeping too much Refusing school Low self-esteem Body image problems Not themselves/personality change Snappy/irritable/grumpy Stressed/worried more than usual Lack of motivation/not interested School grades/behaviour declining Risk Thoughts of suicide Threats to others (verbal) Harm to others (aggressive) Recent presentation to hospital		
Legal issues	 ☐ History of hospitalisation ☐ History of suicidal behaviour ☐ Criminal activity/police involvement 		
 Past or present contact with Child Safety Pending legal matters 	Other (not listed above):		
Social issues Financial difficulties Family problems Social/peer problems (including bullying) School expulsions/suspensions Domestic violence Sexual abuse Physical abuse Relationship concerns	Please specify any formal diagnoses:		

Details and More Information

Please provide as much information as possible about the young person's presenting issues and current needs, to inform our assessment and care of them.

Emergency and Crisis Support

If the young person is in distress or at immediate risk of harm (or harming someone else), you must call 000, or present with them to the closest hospital emergency department. headspace Inala is <u>not</u> an emergency or crisis service and does not provide after-hours support.

- Lifeline 13 11 14
- eheadspace 1800 650 890
- Kids Helpline 1800 55 1800
- Suicide Call Back Service 1300 659 890
- Mental Health Access Line 1300 64 22 55

Please email this form to headspace Inala at <u>headspaceinala@accoras.org.au</u>.

We will acknowledge your referral within two working days.

For any non-urgent questions, please email us, or call (07) 3727 5000.