

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/s					
Referrer email address					
Please confirm: ☐ The young person has ☐ If under 15 years, the Young Person's Detai	parent/carer of the			nsent for this referral.	
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 ☐ Aboriginal and	d Torres Strait I		Forres Strait Islander Neither	

Parent or Carer Details (if applic	able)				
Full name					
Relationship to young person					
Street Address					
Suburb			Postcode		
Contact number					
Email address					
Referral Information and Presen	ting 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 ☐ Drug or alcohol use/problem ☐ Anger management issues ☐ Grief and loss ☐ Sexual identity concerns ☐ Gender identity concerns ☐ Hysical health concerns ☐ Sexual health concerns		Behaviours/concerns Withdrawn/isolated Crying Difficulty sleeping/sleeping too much Refusing school Low self-esteem Body image problems Not themselves/personality change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 Self-harming behaviours Thoughts of suicide Threats to others (verbal) Harm to others (aggressive) Recent presentation to hospital History of hospitalisation History of suicidal behaviour Criminal activity/police involvement Other (not listed above):			
Social issues ☐ Financial difficulties ☐ Family problems ☐ Social/peer problems (including bullying) ☐ School expulsions/suspensions ☐ Domestic violence ☐ Sexual abuse ☐ Physical abuse		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 headspacereferrals@accoras.org.au.

We will acknowledge your referral within two working days.

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