

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**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
- Physical health concerns
- Sexual health concerns

Legal issues

- Youth Justice/Probation and Parole client
- Past or present contact with Child Safety
- Pending legal matters

Social issues

- Financial difficulties
- Family problems
- Social/peer problems (including bullying)
- School expulsions/suspensions
- Domestic violence
- Sexual abuse
- Physical abuse
- Relationship 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- Withdrawn/isolated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):**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 not 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.