

Referral Guidelines

About headspace Kalgoorlie

headspace Kalgoorlie is a free, youth-friendly and confidential service for young people aged 12 – 25 years. Lead by Hope Community Services, **headspace** Kalgoorlie, brings together a range of services, to provide a holistic “one-stop-shop” for young people. We offer information, intake, assessment and referral. **At headspace** Kalgoorlie we offer the following supports and services including:

- Youth Friendly General Practitioner
Walk-In GP Service Tuesdays 10am – 2pm
- Youth Counselling
- MBS & ATAPS Psychological Services
(Under GP Mental Health Treatment Plans)
- Youth Career Guidance Support
- Telepsychiatry Service
- Alcohol & Drug Education Counsellors
- Support Groups
Young Parents
Significant Others
Homework Club

PLEASE NOTE:

headspace Kalgoorlie is not an acute mental health/crisis service. If you have any immediate concerns regarding the safety/wellbeing of a young person, please call: Mental Health Emergency Response Line (MHERL) on 1800 555 788; Lifeline on 13 11 14; or Kids Helpline on 1800 55 1800. In an emergency, contact 000 immediately.

HOW TO REFER:

Self-Referral

Young people are encouraged to make contact with the headspace Kalgoorlie service directly.

By phone/email

Call (08) 9021 5599 within office hours or email hKalAdmin@hopecs.org.au, a worker will contact the young person to make an appointment within 1 – 3 working days.

Drop in

Young people can call into **headspace** Kalgoorlie, Level 1/ 48 Brookman Street, Kalgoorlie, between 10am and 5pm, Monday – Friday. Staff will endeavour to see the young person the same day or the next available appointment will be offered.

Professional Referral

GP's, Allied Health Professionals, community-based agencies and educational institutions can all refer young people to **headspace** Kalgoorlie using the Referral Form attached. General Practitioners should include a mental health care plan (if appropriate) for the young person and attach this to the **headspace** Kalgoorlie referral form.

Family Referral

Families, carers or friends can refer a young person to **headspace** Kalgoorlie. The young person needs to be aware of and consent to the referral and be willing to meet with a member from the **headspace** Kalgoorlie team. Once receipt of referral has been confirmed, a worker will contact the young person within one to three working days to make an appointment. Families, parents or carers who have a young person engaged with **headspace** Kalgoorlie can also access our centre to discuss service provision.

For more information regarding **headspace** Kalgoorlie, please contact us directly or visit our website at www.headspace.org.au/kalgoorlie.



PLEASE COMPLETE BOTH SIDES OF THIS FORM

Date of Referral:		Is client aware of referral?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referral Type:	<input type="checkbox"/> Walk in <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Fax	Referral Source:	<input type="checkbox"/> Self <input type="checkbox"/> Doctor: _____ <input type="checkbox"/> School <input type="checkbox"/> Friend/Family Member <input type="checkbox"/> Service Provider: _____	
Client Details				
Name:		DOB:		
Address:		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Gender Diverse <input type="checkbox"/> Intersex <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate <input type="checkbox"/> Other: _____	
Mobile:		Email:		
Medicare Number:		Reference:		Expiry:
Do you suffer from any of the following health conditions?				
<input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Disease <input type="checkbox"/> Epilepsy <input type="checkbox"/> Lung Disease <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> Low/high Blood Pressure <input type="checkbox"/> Other: _____				
Emergency Contact Details				
Name:		Phone:		
Address:		Email:		
Relationship:		Can we contact this person about your appointments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Referrer's Details				
Referrer's Details: <input type="checkbox"/> Same details as Emergency Contact				
Name:		Relationship:		
Address:		Organisation:		
Phone:		Email:		
Can we contact this person about your appointments? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason/s for Referral:	<input type="checkbox"/> Mental Health <input type="checkbox"/> Drugs and Alcohol <input type="checkbox"/> School/Work <input type="checkbox"/> General Health			
Can you tell us a little more?				

