Referral Form

headspace Mackay, headspace Sarina, and headspace Whitsundays are not acute mental health/crisis services. If you have any immediate concerns regarding the safety/wellbeing of a young person, please have them attend Mackay or Whitsundays Community Mental Health or call 1300 642 255. In an emergency, contact 000 immediately.

Please Note – we will be unable to accept the referral if the below section is blank.

Is the young person currently at risk to self or others by self-harming, or having suicidal thoughts with plan or intent?
☐ **Yes – Describe:** _____ ☐ **No**

Preferred Centre:

headspace Mackay ☐ **headspace Sarina** ☐ **headspace Whitsundays** ☐

The organisation that manages headspace Mackay, Sarina and Whitsundays is North and West Remote Health.

Person being referred (These details will be used to contact the young person/parent/guardian)			
Reason for Referral ☐ Mental Health ☐ Alcohol/Drug Use ☐ Physical Health ☐ Vocational Support ☐ Group ☐ Other			
Date of Referral:			
First Name:		**Last Name:**	
Preferred Name:		**Pronouns:**	
Date of Birth:		**Gender Identity:**	☐ Female ☐ Male ☐ Agender ☐ Non-binary ☐ Trans woman ☐ Trans man ☐ Gender Fluid ☐ Sistergirl ☐ Brotherboy ☐ Gender Questioning ☐ Prefer not to answer
Ethnicity:	☐ Aboriginal ☐ Torres Strait Islander ☐ Aboriginal & Torres Strait Islander ☐ South Sea Islander ☐ Not Applicable ☐ Other_____		
Do you have a preference to see a male or female clinician? ☐ Male ☐ Female ☐ No Preference **Please note we will try our best to accommodate this request however due to staff availability this may not always be possible*			
Young person mobile number:		**Parent/Guardian Name:**	
		Parent/Guardian Contact Number: *(if consent given by young person)*	
Young Person Email:		**Parent/Guardian Email Address:**	
Home Address:			
	☐ **No Fixed Address**		

Consent to Referral by Young Person:

I am aware that this referral is being made and consent to access services. I understand that I can withdraw from the service at any time. I give permission for headspace Mackay/Sarina/Whitsundays & NWRH to use my contact details above, and to obtain relevant information from government and non-government agencies, doctors, and other health professionals specifically relevant to my care whilst being a client of headspace Mackay/Sarina/Whitsundays. **Yes** ☐ **No** ☐

Please Note – we will be unable to accept the referral if consent is blank.

Signature of young person:	
Parent/Guardian Signature: *If under 18 years of age, authorisation ideally would be provided by a parent/guardian*	

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Referrer Details:			
Relationship to young person: *(e.g., mother, sibling, foster carer etc)*			
Or external referrer details:			
Referrer Full name:		**Contact number:**	
Organisation:		**Position:**	
Email address:			

Presenting Concerns

- ☐ DEPRESSION
- ☐ ANXIETY
- ☐ ALCOHOL/DRUG MISUSE
- ☐ AUTISM(ASD)
- ☐ ADHD/ADD
- ☐ ANGER
- ☐ BULLYING/SCHOOL REFUSAL
- ☐ NDIS
- ☐ PENDING LEGAL MATTERS
- ☐ TRAUMA
- ☐ BODY IMAGE/SELF-ESTEEM
- ☐ EATING CONCERNS
- ☐ FAMILY/RELATIONSHIPS CONCERNS
- ☐ SEXUALITY/GENDER IDENTITY

Notes (about the boxes ticked above):

Please Note – we will be unable to accept the referral if the box below is left blank

Eligibility Criteria:

- **General Practitioners** – Please note headspace does not require a mental health care plan to refer a young person; however if the young person does have a current MHCP, please attach a copy to this form.
- **Referrals from CYMHS/QLD Health or other service providers** - Please provide a copy of all relevant documentation (including assessment, treatment and discharge summaries) prior to referral being processed
- **Referrals from Youth Justice/Probation & Parole** – Please provide information on convictions and pending legal matters (including dates, along with AOD information) prior to referral being processed

Sending your referral:

headspace Mackay

Please email referral to: Mackayheadspace@nwrh.com.au
Or fax to: **(07) 4898 2299**
For more information please call: **(07) 4898 2200**

headspace Sarina

Please email referral to: Sarinaheadspace@nwrh.com.au
Or fax to: **(07) 4898 2299**
For more information please call: **(07) 4842 6750**
**Please note the centre is open Mondays, Tuesdays, and Wednesdays*

headspace Whitsundays

Please email referral to: Whitsundaysheadspace@nwrh.com.au
Or fax to: **(07) 4898 2299**
For more information please call: **(07) 4842 6760**
**Please note the centre is open Mondays, Tuesdays, and Wednesdays*