







headspace Self-Referral - Reception

Date//_	Staff						
Referral source: You	oung Person 🔲 🛮 Family 🗌	Other	<u> </u>				
Referral received by: Ph	one Onsite	Email 🗌					
Consent - Has the young person agreed to this referral? (headspace requires young person's consent) Yes No							
Are you interested in LYRIC (While You Wait Program)? Yes No (If interested, explain what the LYRIC program is to YP/Family etc.). Refer to MOST (Online Platform for YPs)? If YP is under 15 we need parental consent Yes No							
				GROUPS: ART THERAPY SPRINKLES PREFERENCE OF COUNSELLOR: M F Either			
				Name of Young Person:		Date of Birth	n: / /
		Gender Identity:					
Pronoun:			, <u> </u>				
Do you identify as: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither							
-	und:						
ddress: Suburb:							
	ailability:						
(Be specific. Do you attend we	ork or school? Can we call while a	at school? Do you have a preferi	red day & time for contact?)				
Consent to contact young p	erson via:						
Text: Yes ☐ No ☐	Voicemail: Yes \(\Bar{\cup} \) No \(\Bar{\cup} \)	Home Phone: Yes	□ No □				
Mail: Yes ☐ No ☐	Email: Yes No	Text Reminders to:					
Is Parent/Guardian/Carer av	vare you are accessing support	t at headspace?	es 🗆 No 🗆				
(If under the age of 16 years parent/guardian consent may be required)							
Consent for Parent/Guardian/Carer to schedule or cancel appointments?							
	rs of age or older. Will Emergend	• •					
	-	Relationship: Contact number:					
	Reference No: _						
Health Care Card #:		Expiry Date:					
Are you safe to wait?: Yes No							
(Do you feel in crisis or at ri	sk of harm to yourself or other	s? (If yes, transfer to clinica	al team member)				
Details of Referrer							
Name:		DOB (Data Purposes):					
Does the Young Person have	ve a GP? Yes ☐ No ☐	If no, Local GP information prov	vided				
Can we contact them? Yes No							
Name: Medical Centre:							
Current MHCP? Yes No Date completed by GP:/							
Documents attached: Referral Letter ☐ Discharge Summary ☐ Mental Health Care Plan ☐ Notes ☐							
Official Document Contro	<u> </u>						
Version Number	Purpose/change	Approver	Date				
2	Pavision	Evecutive Manager	Sentember 2025				