Agency Referral

Date __/__/_____

Young Person's Details:

Name of Young Person: ______________________________ **Date of Birth:** __________________

Gender Identity: _____ **Sex assigned at birth**: _____ **Pronouns**: ___________________ **Age**: _____

Do they identify as: Aboriginal Torres Strait Islander ☐ Both ☐ Other ______________

Address: ____ **Suburb**: ____________ **Post Code**:____________
Email: ____

Mobile: _________________________________ **Home Phone**: _____________________________

Is the young person currently in crisis or at risk to self or others? _____________________________

(headspace is not a crisis response service – consider an alternative referral)

Consent – Has the young person agreed to this referral? (headspace requires young person's consent) Yes ☐

Contact preferences and availability: ____

(Be specific. Do you attend work or school? Can we call while at school? Do they have a preferred day & time for contact?)

Consent to contact young person via:

Text: Yes ☐ No ☐ Voicemail: Yes ☐ No ☐ Home Phone: Yes ☐ No ☐

Mail: Yes ☐ No ☐ Email: Yes ☐ No ☐ Text Reminders to: _______________

Is Parent/Guardian/Carer aware that they are accessing support at headspace? Yes ☐ No ☐

(If under the age of 16 years parent/guardian consent is required. Clinician's will obtain parental/guardian consent)

Consent for Parent/Guardian/Carer to schedule or cancel appointments? Yes ☐ No ☐

Emergency Contact (Over 18 years of age)

Name: ________________________**Relationship**: ___________ **Contact Number:**__________________________

Medicare Information (Optional):

Medicare #: __ __ __ __ __ __ __ __ __ __ **Reference No:** __ **Expiry Date:** ____ **/** _______

Referral requesting: headspace Centre ☐ LYRIC (While You Wait) ☐ Halls Head College Outreach ☐ John Tonkin College Outreach ☐ Waroona District High School Outreach ☐ Austin Cove Baptist College Outreach ☐ ☐

Details of Referrer:

Name:_______________________________ Email:____

Agency & Role:_____________________ Contact Number: _______________________________

PLEASE FORWARD ANY AVAILABLE DOCUMENTATION

Attached: Referral Letter ☐ Discharge Summary ☐ Mental Health Plan ☐ Notes ☐ Assessment ☐

Has the YP received assistance from other mental health services prior to this referral? Yes ☐ No ☐

Agency Referral

Is the YP currently receiving assistance from another mental health service? Yes ☐ No ☐ Details of organisation, contact person, phone details and consent to contact

____ Have you referred this young person to any other service? Yes ☐ No ☐ N/A (please provide details)

____Presenting concerns (INCLUDE DURATION)

(NB: if young person identifies physical/sexual health concerns, only the 1st page needs to be completed).

Mental Health ☐ Physical Health ☐ Sexual Health ☐ Alcohol and Drugs ☐ Situational ☐ Vocational/Education ☐ Social Support ☐ Family Support ☐ Eating ☐ Home/Environment ☐ Friendships ☐ Relationships/Sexuality ☐

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Does the Young Person have a GP and is it OK to contact them? Yes ☐ No ☐

Name: ______________________MedicalCentre:_______________________________________ Address: ____No:__________________________

MH diagnosis (if relevant): ____

Current MHTP? Yes ☐ No ☐ Current Medication? Yes ☐ No☐ Details: __________________________

Risk Assessment (NB: Include harm to self/others, suicide ideation/attempts, neglect, abuse, homeless, etc.):

Date	Risk	Identified Trigger	Outcome/Treatment

• All referrals will be considered, however if the young person is better suited to an alternative support option headspace Mandurah will attempt to notify the referring agency with the recommendations.

• On receipt of this form, headspace Mandurah will contact the young person to discuss support options available.

• With consent from the young person, headspace Mandurah will advise the referring agency of the young person making an initial appointment.

• If headspace Mandurah is unable to contact the young person, they will notify the referring agency.

• If you need further information, please contact headspace Mandurah on (08) 9544 5900.

• Please forward completed this form and all supporting documentation to headspace Mandurah by email hello@headspaceman.com.au or by fax 086316 3355.

• We are unable to provide psychological assessments or reports for another purpose (e.g. in relation to Workers Compensation, Centrelink or Family Court matters).