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| **What does headspace do?**  headspace Midland is a *Youth Mental Health service for young people aged 12-25* experiencing mild to moderate mental health difficulties (also known as a Tier 2 service). We offer a range of support options and can also help connect young people with other community services. Our service is primarily focused on short-term support; if longer-term care is required, we can provide recommendations or referrals to more appropriate services.  **What happens after a referral is submitted?**  After a referral is submitted, an intake officer will aim to make contact within 5 business days to complete an intake call. If another service would be a better fit, headspace Midland will notify the referring agency of these recommendations. If we are unable to reach the young person—or their parent/carer for those under the age of 16—we will notify the referring agency. | | | | | | | | | | | | | | | |
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| **Prior to Completing the Referral** | | | | | | | | | | | | | | | |
| ***Please tick to acknowledge that you have read the following points prior to completing the referral.***  Young person is aware and consenting to the referral.  Young person is experiencing mild to moderate mental health difficulties.  We are a multidisciplinary team and do not accommodate discipline specific requests (e.g., requests for clinical psychologist).  We do **not** provide psychiatry. *Psychiatry and individual outreach are available through our headspace Early Psychosis Service,* [*click here for more information*](https://headspace.org.au/headspace-centres/midland/) *or contact them at 9301 8999.*  **We are not a crisis service**. We aim to attempt to contact the young person within 5 business days of receiving a referral. If an appointment is offered, we endeavour for the young person to be seen within 2-4 weeks. *(Please note wait times vary and are subject to service demand).*  ***If you are unsure if headspace is the best support option for a particular young person, please contact our triage officer on 9274 8860 to discuss support options.*** | | | | | | | | | | | | | | | |
| **Young Person’s Details** | | | | | | | **Referral Date:** Click or tap to enter a date. | | | | | | | | |
| **Full Name:** | | | | Click or tap here to enter text. | | | | **Date of Birth:** | | | Click or tap to enter a date. | | | | | |
| **Preferred Name:** | | | | | Click or tap here to enter text. | | | **Pronouns:** | | | Click or tap here to enter text. | | | | | |
| ***Is the preferred name and pronouns known to the wider community/family/friends?***  **Yes**  **No**  **Unknown** | | | | | | | | | | | | | | | | |
| **Sex:** | Click or tap here to enter text. | | | | | | | **Gender:** | | Click or tap here to enter text. | | | | | | |
| **Phone:** | | Click or tap here to enter text. | | | | | | **Email:** | Click or tap here to enter text. | | | | | | | |
| **Address:** | | | Click or tap here to enter text. | | | | | | | | | | | | | |
| **Medicare:** | | | Card Number: | | | Click or tap here to enter text. | | | | Index: | |  | Expiry: | | / | |
| **Does young person identify within the LGBTQIA+ community** (Lesbian / Gay / Bisexual / Transgender / Queer or Questioning / Intersex / Asexual/ Other)**?**  No  Yes  Unknown | | | | | | | | | | | | | | | | |
| **Cultural Identity:** | | | | | Aboriginal  Torres Strait Islander  Both  Neither | | | | | | | | | | | |
| Another Culture: Click or tap here to enter text. | | | | | | | | | | | | | | | | |
| **Young Person’s Consent** | | | | | | | | | | | | | | | |
| **Is the young person aware and consenting to this referral being made?**  *(headspace requires the young person’s consent, the referral will not proceed without consent)* | | | | | | | | | | | | | | Yes  No | |
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| **Emergency Contact / Next of Kin / Guardian Details** | | | | | | | | | | | | | | | |

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| **Full Name:** | Click or tap here to enter text. | | **Relationship:** | | | Click or tap here to enter text. | |
| **Phone Number:** | | Click or tap here to enter text. | | **Email:** | Click or tap here to enter text. | | |
|  | | | | | |  | |
| **Please confirm the emergency contact/next of kin is over the age of 18.**  *(headspace requires an emergency contact to be 18 years old or older.)* | | | | | | | Yes |
| **Does the young person live with this person?** | | | | | | | Yes  No |
| **Can this person schedule/cancel appointments?** | | | | | | | Yes  No |
| **Is this person aware that the young person is accessing headspace Midland?**  *(If the young person is under the age of 16, parent/guardian consent may be required)* | | | | | | | Yes  No |

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| **Referrer Details** | | | | | | | | | |
| **Referral Source:** | | | | Young Person  Family / Friend  Agency  GP  Other | | | | | |
| **Name:** | Click or tap here to enter text. | | | | **Phone Number:** | | | Click or tap here to enter text. | |
| **Organisation:** | | Click or tap here to enter text. | | | | **Email:** | Click or tap here to enter text. | | |
| **Is young person currently admitted to hospital?** | | | | | | | | | Yes  No |
| If *yes*, when is their estimated discharge date? Please consider phoning triage to discuss suitability of referral prior to completing. EDD: Click or tap to enter a date. | | | | | | | | | |
| **Is young person receiving support from another mental health service?** | | | | | | | | | Yes  No |
| *Name of Service:* | | | Click or tap here to enter text. | | | | | |
| **Have you referred young person to any other service?** | | | | | | | | | Yes  No |
| *Name of Service:* | | | Click or tap here to enter text. | | | | | |

*\*Please note psychiatry at headspace Midland is only available for young people accessing the headspace Early Psychosis Service.* [*Click here for more information*](https://headspace.org.au/headspace-centres/midland/)*.*

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| **Presenting Concerns** | | |
| Mental health | Situational | Social support |
| Physical health | Home or environment | Friendships |
| Sexual health | Family support | Relationships / Sexuality |
| Alcohol and drugs | Eating and body image | Vocational / Educational |
| **Please elaborate (include duration):**  Click or tap here to enter text. | | |
|  | | |
| **Relevant Background Information** | | |
|  | | |
| **Previous mental health diagnosis/treatments and other relevant background information:** (Diagnosing or treating practitioner, dates, interventions, medications, etc)  Click or tap here to enter text. | | |
|  | | |
| **Other relevant information:** (Physical health concerns, developmental or learning disabilities, family history, etc)  Click or tap here to enter text. | | |
|  | | |
| **Additional support requirements:** (Translator, interpreter, wheelchair-accessible room, etc.)  Click or tap here to enter text. | | |
|  | | |
| **Supporting Documentation** | | |

**Please forward any available relevant documentation** [reception@headspacemidland.com.au](mailto:reception@headspacemidland.com.au)

|  |  |
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| **Attached:** | Referral Letter  Discharge Summary  Mental Health Care Plan  Other |

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| **Risk Concerns** |

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| **Risk** | **Current**  (within past month) | **Recent**  (within 6 months) | **Historical** (6 months +) | **No** | **Unknown** |
| Non-suicidal self-injury |  |  |  |  |  |
| Suicide ideation |  |  |  |  |  |
| Suicide attempt |  |  |  |  |  |
| Substance use |  |  |  |  |  |
| Risk of harm *to* others |  |  |  |  |  |
| Risk of harm *from* others |  |  |  |  |  |
| Homelessness |  |  |  |  |  |
| Psychosis/mania |  |  |  |  |  |

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| **Please provide more information if risk concerns are current:**  Click or tap here to enter text. |

**Once completed, please forward this form and all supporting documentation to headspace Midland via fax (08) 9274 8859 or email** [**reception@headspacemidland.com.au**](mailto:reception@headspacemidland.com.au)**.**

Please note that **headspace** **Midland** does not provide crisis or acute care mental health services.

For mental health emergencies contact the Mental Health Emergency Response Line (18+): 1300 555 788 or CAMHS Crisis Connect (under 18): 1800 048 636.

We are unable to provide psychological assessments or reports for another purpose (e.g., in relation to Workers Compensation, Centrelink or Court matters). For further information, please contact **headspace** **Midland** by calling (08) 9274 8860 or emailing reception@headspacemidland.com.au.