

Referral Form for Agencies & Professionals



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.

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 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?

Yes No

(headspace requires the young person's consent, the referral will not proceed without consent)

Emergency Contact / Next of Kin / Guardian Details

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

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.](#)*

Presenting Concerns

- | | | |
|--------------------------------------------|------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Situational | <input type="checkbox"/> Social support |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Home or environment | <input type="checkbox"/> Friendships |
| <input type="checkbox"/> Sexual health | <input type="checkbox"/> Family support | <input type="checkbox"/> Relationships / Sexuality |
| <input type="checkbox"/> Alcohol and drugs | <input type="checkbox"/> Eating and body image | <input type="checkbox"/> 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

Attached: Referral Letter Discharge Summary Mental Health Care Plan Other

Risk Concerns

Risk	Current (within past month)	Recent (within 6 months)	Historical (6 months +)	No	Unknown
Non-suicidal self-injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of harm <i>to</i> others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of harm <i>from</i> others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis/mania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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.