Referral Form for Self, Friends & Family.

What does headspace do?

headspace Midland is a *Youth Mental Health service supporting young people aged 12-25* who are experiencing mild to moderate mental health challenges. We offer a range of support options and can also help connect young people with other community services when needed. 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. During this call, we will discuss the referral in more detail and arrange an initial appointment. If another service would be a better fit, we will provide alternative recommendations. If we are unable to reach the young person—or their parent/carer for those under the age of 16—we will assume support is not required at this time and provide information on how to reconnect with us in the future.

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
- ☐ We have a diverse team of qualified clinicians. We do not accommodate discipline specific requests (e.g., requests for clinical psychologist).
- ☐ **We do not provide psychiatry, assessments, or diagnosis**. *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 aim for the young person to be seen within 2-4 weeks. *(Please note wait times vary and are based on service demand).*

If you are unsure if headspace is the best support option, please contact our triage officer on 9274 8860 to discuss 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. ☐ Yes
(headspace requires an emergency contact to be 18 years old or older.)

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? ☐ Yes ☐ No
(If the young person is under the age of 16, parent/guardian consent may be required)

Referrer Details (Who is making the referral?)

Referral Source: ☐ Young Person ☐ Family /Guardian ☐ Friend ☐ Partner ☐ Other

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.

Current & History of Supports

Is the young person currently admitted to hospital for mental health reasons? ☐ Yes ☐ No

If *yes*, when is their estimated discharge date? Please consider phoning triage to discuss suitability of a referral prior to completing. EDD: Click or tap to enter a date.

Has the young person been admitted or presented to hospital for mental health reasons in the past 3 months? ☐ Yes ☐ No

Is the young person receiving current support from another mental health service? ☐ Yes ☐ No

Name of Service/s: Click or tap here to enter text.

Has the young person been referred to any other service at this time? ☐ Yes ☐ No

Name of Service/s: Click or tap here to enter text.

Has the young person accessed support from another mental health service in the past? ☐ Yes ☐ No

Name of Service/s: Click or tap here to enter text.

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 provide more information:
(What would you like support with? How could headspace best support you?)

Click or tap here to enter text.

Relevant Background Information

Is there any mental health diagnosis and/or current medications?

Click or tap here to enter text.

Other relevant information: Is there anything else you would like us to know?
(Physical health concerns, developmental or learning disabilities, family history, etc)

Click or tap here to enter text.

Additional support requirements: If yes, please specify below
(Translator, interpreter, wheelchair-accessible room, etc.)

Click or tap here to enter text.

Supporting Documentation

Please forward any relevant documentation to reception@headspacemidland.com.au

Attached: ☐ Referral Letter ☐ Discharge Summary ☐ Mental Health Care Plan ☐ Other

Risk Concerns

Risk	Current Yes, within past month	Recent Yes, within 6 months	Historical Yes, over 6 months +	No	Unknown
Has the young person ever self-harmed?	☐	☐	☐	☐	☐
Has the young person ever had thoughts of ending their life?	☐	☐	☐	☐	☐
Has the young person ever tried to end their life?	☐	☐	☐	☐	☐
Has the young person or another been concerned about their alcohol or other drug use?	☐	☐	☐	☐	☐
Has the young person ever harmed or had thoughts to harm others?	☐	☐	☐	☐	☐
Has the young person ever been or had concerns of being harmed by others?	☐	☐	☐	☐	☐
Has the young person experienced homelessness?	☐	☐	☐	☐	☐
Has the young person experienced psychosis/mania?	☐	☐	☐	☐	☐

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 on 1300 555 788. 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.