

# Client Referral Form



Client name:

Referral Date:

headspace Contact Details	Fax	Phone
Murray Bridge	(08) 8531 2426	(08) 8531 2122
Mount Barker, Strathalbyn & Victor Harbor	(08) 8398 4269	(08) 8398 4262

\*\*\***PRIVACY**\*\*\* If the young person does not want their parents or carers to know about them accessing our services, please let us know and we will note this on their file. (*Young people aged **under 14 years need to have a responsible adult involved***) Doesn't Mind  Keep Private

## Referral Guidelines For Professionals

**headspace** Murray Bridge is funded by Country PHN, and administered by Murray Mallee GP Network, to provide a range of services for young people aged 12- 25 years, within the Murray Mallee region. **headspace** Murray Bridge also provides an outreach service to Mount Barker, Strathalbyn and Victor Harbor for young people who meet the criteria for complex care.

**headspace** Murray Bridge provides free, youth friendly and confidential service to young people aged 12-25 years. **headspace** Murray Bridge aims to be a one-stop-shop for young people with mild -moderate physical, psychological or social difficulties, and young people with complex care needs not meeting the criteria for Tertiary Government Mental Health Services, i.e.- not high risk, but needing support in multiple domains.

- The services available at headspace Murray Bridge include:**
- **Psychosocial Support** - group programs including Hangout Space, young mums, LQGBTI group, Youth Reference Group, and a range of other special interest groups which vary each term.
  - **Brief Intervention Programs** (6 Session Low Intensity Cognitive Behavioural Therapy) - for mild MH issues, and may be offered to young people while on Waitlist.
  - **Counselling** - for clients with Mild-Moderate Mental Health concerns under MHCP- by private providers at **headspace**, no cost (6+4 sessions/ year).
  - **Mental Health** support by Allied Health Youth Workers.
  - **Complex Care** – is for clients with severe mental health concerns in multiple areas, who are not considered at high risk of harm to self or others. Care co-ordination include organising services and support provision to ensure the young person has evidenced based care.
  - **Tele-psychiatry** - for current **headspace** clients.
  - **GP-** for medical issues, mental health and sexual health.

**Please note-** we are unable to provide medico-legal reports, but may be able to provide a note of attendance.

## Important Information

- Important information regarding your referral, please read:**
- In order for us to process this referral promptly, please ensure that you have included all relevant information in leasable print.**
- **headspace** is a service for young people between the ages of 12 to 25. We can only engage with young people who have provided consent to the referral.
  - **headspace** is not a crisis/ acute mental health service. If the young person is at high or acute risk of suicide or harm to others, please contact emergency services on 000.
  - **Please note that receipt of the referral form does *not* indicate acceptance to the headspace services.** All referrals are reviewed by the Triage and Liaison Worker, who contacts referrer if more information is needed, and discusses the referral with the young person/ and or parents/ caregivers to ascertain best pathway for the young person. Referrals may be forwarded to an external service at times to best meet the young person's needs. If you have any queries pertaining to your referral, please phone our service.
  - To complete the referral, **you must attach relevant assessment notes, discharge summaries** and/or additional information. We will endeavour to respond to referrals within **3 business days**.
  - **Waitlist-** given the demand for **headspace** services, there may be a waitlist at times. You will be advised by the Triage and Liaison Worker at the time of your triage phone call. This waitlist is not monitored, and we request that you seek urgent help from your GP or local hospital should your situation change. We recommend a list of services which young people can access while they are on the waitlist, including **headspace** and Beyond Blue.

## How to Refer

**Self-referral/ Family-referral:** call our Program Support officers on 8532 2122 (Murray Bridge) or 8398 4262 (Mount Barker), and they will fill out a registration form with your details and main concern. The **headspace** Triage and Liaison Worker will call the young person back within **3 business days** to help identify the best pathway for the young person.

**Professional Referral:** GP's, Tertiary Mental Health Services, Allied Health Professionals and educational institutions can refer young people to **headspace** Murray Bridge. Please complete the referral form below- all boxes. The **headspace** Triage and Liaison Worker will call the referrer if needed to clarify information, and then call the young person within **3 business days**.

## Referrer's Details **\*\*\*PLEASE PRINT CLEARLY USING A BLACK PEN\*\*\***

Referrer Full Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Workplace: \_\_\_\_\_

Is the young person involved in any Legal Issues? Yes  No

**Which service is the young person being referred to?**  
headspace Murray Bridge  Outreach headspace Mount Barker  Strathalbyn Outreach  Victor Harbor Outreach

**Referral for:**

- Psychosocial Support Groups
- Brief Intervention (Low Intensity CBT – Mild Presentation)
- Mild-Moderate Mental Health Issue (Need current MHCP if possible)
- Complex Care (For moderate risk clients with complex needs, including Case Co-ordination)
- Alcohol and/or Drug Issues
- Vocation/Education
- Other (please specify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Young Person's Details

Full Name: \_\_\_\_\_ Previous client? yes  no  unk   
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female  Other (please specify): \_\_\_\_\_  
Client Address: \_\_\_\_\_  
\_\_\_\_\_  
Contact Number(s): \_\_\_\_\_ Email: \_\_\_\_\_

**Centrelink Status:**  
Unemployment Benefit  Disability Support Pension  Sickness Benefit  Youth Allowance  Student   
Other (please specify)  \_\_\_\_\_ No Benefits

Aboriginal or Torres Strait Islander? Yes  No  Country of Birth \_\_\_\_\_

**Client's Key Contact Person (in case of emergency)**  
Name: \_\_\_\_\_ Relationship to young person: \_\_\_\_\_  
Contact Number(s): \_\_\_\_\_  
Address: \_\_\_\_\_

**Reason for Referral** (main concern, duration, impact of concern on young person and/or any other useful background information)

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**Professional Referral** (health professionals- please attach current Risk Assessment, Mental State Examination, summary of care episode and service requested), (educational services- please include safety assessment and current summary of care)

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**Other Information**

Is the young person currently engaged with any other services? (if yes, please specify): Yes  No

Has the young person accessed other mental health services in the past? (if yes, please specify): Yes  No

Has the young person been asked to attend a GP to get a Mental Health Care plan? (strongly recommended)

Yes  No

Does the young person have an existing GP? Yes  No  (If yes, please fill in the details below)

Doctor's Name: \_\_\_\_\_

Practice Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare Details (include position and expiry date): \_\_\_\_\_

**Consent**

Client is aware of referral and has given consent: Yes  No

***If there is significant risk to self or others, the young person is not suitable for headspace referral.  
Please consider State Services.***

**OFFICE USE ONLY**

Referral received: Date/time \_\_\_\_\_

Entered to Mastercare by \_\_\_\_\_