

Young Person/Carer Self-Referral Form



Referral Date: _____

Entered By: _____

PLEASE NOTE: *headspace is a voluntary service for young people aged 12 to 25. headspace is not a crisis/acute mental health service. If you/the young person are at high risk of suicide or harm to oneself or others, please contact your/their GP, emergency services on 000 or (for 16 years and over) Mental Health Triage on 13 14 65.*

Young Person's Details

Legal First name: _____ Preferred Name (if different): _____

Last name: _____ Gender: _____ Preferred Pronouns: _____

Date of Birth: _____ Age: _____ Previous client? Yes No unknown

Client Address: _____

Is it okay for us to send headspace branded letters/documents to this address? Yes No

Young Person's Phone Number: _____ Email: _____

Aboriginal or Torres Strait Islander? Please circle those that apply, or tick the box if **none apply**

NDIS Status: Funded Applying No Benefits Country of Birth _____

Is the young person involved in any legal matters? Yes No

Referrer's Details Please tick if self-referring: (any duplicate details below can be left blank)

Referrer Full Name: _____ Contact Number: _____

Email Address: _____

Workplace: _____ Job Title: _____

Has a referral been made to another service? Yes No - if yes, which service? _____

Client's Key Contact Person (in case of emergency)

Name: _____ Relationship to young person: _____

Contact Number(s): _____

Address: _____

Reason for Referral (What are the main problems the young person is seeking help with?) Please provide a brief overview in the lines below.

Anxiety Depression Trauma Emotions Stress Family/relationship conflicts Grief Other

Headspace GP appointment only (please tick if this applies)

Other Information

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

Doctor's Name: _____ Practice Name: _____

Medicare Number: _____ Ref/position: _____ Expiry: _____

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

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. Doesn't Mind Keep Private

(Please note young people aged **under 16** years need to have a responsible adult's consent to access our services)

Please return this form to: barker@ireach.org.au