



Please note: **headspace** Mount Gambier isn't a crisis service, or an acute mental health service. For emergency mental health support, please contact the emergencies services, on 000.

GPs to complete a Mental Health Treatment Plan. Completed referrals to be emailed to headspacemountgambier@unitingcommunities.org

It is important that the young person is aware of this referral and agrees to attend appointments at **headspace** Mount Gambier.

Young Person's Details:

Full Name:

Date of Birth:

Gender:

Phone Number (home and/or mobile):

Address:

Town/Suburb:

Email:

Can we use SMS to confirm appointments? Yes No

If the young person is under 16, is their parent/caregiver aware of the referral? Yes No

Family Member/Emergency Contact:

Full Name:

Phone Number:

Referrer Information:

Name:

Phone:

Email:

Relationship to young person:

Position and organisation:

Does the young person currently receive support from any other services? Yes No
If so, please specify who, from which service(s), and their contact details.

Appointments:

headspace - 171 Commercial St East Mt Gambier Outreach Office 27a George St Millicent

Who should be contacted to book appointments?

Young person Referrer Family Member



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What is the reason for Referral?

Anxiety Conflict in Relationships Stress Related Social Isolation

Depression Alcohol/Substance Use Medical Issues Other

Does the young person have a Mental Health Treatment Plan? Yes No

Have any relevant assessments been completed? If so, please attach. Yes No

Please provide a brief explanation of the reason for referral – what are the presenting issues, and what type of support are you requesting, for this young person?

Are you concerned with this person's risk towards themselves or others? YES NO

If you have answered 'yes' - please identify how, and provide as much detail as you can.

Please note: Moderate to High Risk young people may not be appropriate for this service. Mental health services can be contacted on: **CAMHS** 8724 7055 (under 16yo) or **Country SA Mental Health Services** 8721 1507 (over 16yo) or **Adult Mental Health Services 24hr Crisis Assistance** 13 14 65

I (young person) _____, being 16 years or older, agree to be referred to **headspace** Mount Gambier and give my permission for (referrer's name) _____ to exchange information with **headspace** Mount Gambier for the purpose of this referral, and/or in the event I have not engaged with headspace within four weeks of the referral, if it is appropriate to ensure my wellbeing.

I (parent/guardian) _____ agree for (young person) _____ to be referred to **headspace** Mount Gambier and for information to be shared as above.

Young person signature _____ Date / /20

Referrer/Parent/Guardian signature _____ Date / /20

Office Use Only Referral Completed by: _____ Appointment Booked: / / with