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| **Young Person’s Details:** |
| **Name:** | **DOB:** | **Age:** |
| **Preferred Name (and pronouns):** | **Gender:** |
| **Address:**  |
| **Postal Address:** | **Town/Suburb:** |
| **E-mail:**  | **Phone:** |
| **Is the young person under 16?** | Yes [ ]  | No [ ]  |
| **If under 16, is the parent/caregiver aware of the referral?** | Yes [ ]  | No [ ]  |
| **Country of birth:** | **Emergency Contact name:** |
| **Phone:** | **Relationship to young person:** |
| **Referrer Information: (Tick if details are the same as emergency contact)** [ ]  |
| **Name:** | **Phone Number:** |
| **Role & Organisation:** | **Relationship to young person:** |
| **E-mail:** |
| **Appointments: (Tick all that apply)** |
| **Preferred appointment method:** | In person [ ]  | Phone [ ]  | Digital [ ]  |
| **Who should be contacted to make appointments?** | Young person [ ]  | Referrer [ ]  | Emergency Contact [ ]  |
| *Only complete this section below if you would like to access physical health services at headspace* |
| **GP/Medical clinic:** |
| **Medicare number:** | **Ref:** | **Expiry:** \_\_\_\_\_\_/\_\_\_\_\_\_ |
| **Health Care Card:** | Yes[ ]  No [ ]  | **CRN:**  | **Expiry:** \_\_\_\_\_\_/\_\_\_\_\_\_ |
| **Does the young person have a Mental Health Treatment Plan?** | Yes [ ]  | No [ ]  |

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| **Reasons for Referral:** |

**What are the main reasons for this referral?**

**How is this impacting your/the young person’s daily life and how long for?**

**Have you/the young person accessed any mental health services before? (Please include any formal diagnosis).**

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| **Risk Factors:** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Suicide** | No [ ]  | Thoughts [ ]  | Plan [ ]  | Intent [ ]  |
| ***Details:***  |
| **Self-Harm** | No [ ]  | Past [ ]  | Current [ ]  | Unknown [ ]  |
| ***Details:***  |
| **Harm to others** | No [ ]  | Yes [ ]  | Unknown [ ]  |
| ***Details:***  |
| **Other risk factors** (e.g. homelessness, substance abuse, social withdrawal, medication compliance) |
| ***Details:*** |

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| **Consent:** |
| *If the young person is under 16 years of age, a parent/guardian must provide consent.* |
| Do you consent for headspace to add the young person to our database? | Yes [ ]  | No [ ]  |
| Do you consent to receive your pre-appointment survey via text message? | Yes [ ]  | No [ ]  |
| **Consent type:** | Verbal [ ]  | Written [ ]  | **Name of person consenting:** |
| **Young person signature:** | **Date:** |
| **Parent/Guardian signature:** | **Date:** |
| **Referrer signature:** | **Date:** |