

headspace Narooma Referral Form



You can complete this form yourself or call headspace Narooma and we can help you to complete the form over the phone. Free call 1800 343 999.

headspace Narooma is not a crisis service.

For any immediate concerns, please call Mental Health Line on 1800 011 511

Mental Health Line is a free 24-hour phone service staffed by mental health practitioners.

Date of Referral:

Consent

headspace Narooma is a voluntary service for young people aged 12-25 years of age. We can only engage with young people if they have consented to the referral and are old enough to consent.

If you are referring a young person, have they consented to this referral? Y N N/A

If you are under 14 years of age, has a parent/guardian consented to the referral? Y N N/A

Personal Information of Young Person

Young person's full name: _____

Preferred name and pronouns: _____

What is your gender identity: _____ DOB: _____ Current Age _____

Address: _____

Young person's Phone Number: _____

Young person's Email Address: _____

Preferred Contact Person & Phone Number/Email (for appointments only): _____

Emergency Contact Name _____ Mobile _____

Do you identify as: Aboriginal Torres Strait Islander Both Neither Unsure

Are you a refugee or from a migrant family/community: Y _____ N Unsure.

Medicare card number: _____ Individual Reference: _____ Expiry: _____

Does the young person have any difficulties with literacy?

No Yes, please explain: _____

Services Interested in

Mental Health & Wellbeing Eating Disorder DBT group Alcohol & Other Drugs

Work and Study Dietitian Doctor/GP Single Session LICBT

What would you like headspace to help support you with?

Service Access information- Current

Do you have an existing General Practice/Doctor: Y _____ N Unsure

Are any other services supporting you or your family at the moment: Y _____ N Unsure

Do you have an existing Mental Health Treatment Plan: Y _____ N Unsure

Do you have an existing counsellor: Y _____ N Unsure

Have you accessed counselling sessions services this calendar year: Y N, *If yes, how many?* _____

Do you have any current Court Orders (AVO, DVO, parole/probation): Y N Unsure

If yes: _____

Do you have a NDIS plan: Y N *If yes, does it include Psychology:* Y N

(If yes, in some circumstances the young person may not be eligible to receive psychological/ mental health services at hsNR. Please provide a copy of the NDIS plan and we can identify eligible services at hsNR.)

Risk

In the past two weeks, have you deliberately harmed yourself/had thoughts of harming yourself: Y N

In the past two weeks, have you thought about ending your life: Y N

Have you ever tried to end your life? Y N

If yes, and you are comfortable, please provide additional information: when/how/ what happened/what was happening in your life at that time: _____

Referrer details

Self (no need to complete below) Family or friend (*complete below*) Professional (*complete below*)

Referrers' Name/Organisation: _____

Relationship to young person: _____

Referrer's Phone number: _____

Referrer's Email Address: _____

Referrer's Address (*only required if no email provided*): _____

***Please note:** For family and friend and professional referrers', we will continue to liaise with the young person from this point, unless/until consent is provided from the young person.

How to submit this form:

In Person: Drop into headspace Narooma, Suite 2, 183 Princes Highway, Narooma

Fax: (02) 9169 3478

Email: info@headspacenarooma.org.au

Mail: Suite 2, 183 Princes Highway, Narooma

