

# headspace Nowra referral form

96 Kinghorne Street, Nowra, 2541. **Phone (02) 4446 7300**

Return by email to [info@headspacenowra.org.au](mailto:info@headspacenowra.org.au) or fax: (02) 4446 7377

*Email or fax acknowledgment will be sent to confirm receipt of referral. Referred young people will typically be contacted within two business days of receipt of referral, or one day where risk is identified*

## Details of Young Person

**Today's Date:**

|   |                        |                            |                  |
|---|------------------------|----------------------------|------------------|
| First Name:   | Last Name:             | Preferred name:            |                  |
| Pronoun(optional):  |                        | Date of Birth:             |                  |
| Address:  |                        |                            |                  |
| Contact number:   | SMS consent? Yes    No | Email:                     |                  |
| headspace is a voluntary service; referrals will not be accepted without the consent of the young person. |                        |                            |                  |
| Has the young person agreed to this referral?   |                        | Yes                        | No               |
| Does the young person have a Mental Health Treatment Plan?  |                        | Yes                        | No    unsure     |
| If the young person is under 16, is a guardian aware of referral?   |                        | Yes                        | No    16 or over |
| Guardian's name:  |                        | Guardian's contact number: |                  |
| Is it okay to contact the guardian about this referral?   |                        | Yes                        | No               |

## Details of Referrer

|   |          |        |  |
|---|----------|--------|--|
| Name:   | Service: |        |  |
| Phone:  | Fax:     | Email: |  |
| Will your service have continued involvement with the young person?                                     | Yes      | No     |  |
| Does the young person currently receive support from other services?<br><i>(if yes provide details)</i> | Yes      | No     |  |

**Current safety concerns?**    Suicide    Self harm    Child protection    Violence    Other  
*(if yes provide details)*

*headspace is not a crisis service. If you have any immediate concerns for the safety of a young person, please call emergency 000 or the mental health line 1800 011 511.*

## Reason for referral

|                        |                    |             |              |
|------------------------|--------------------|-------------|--------------|
| Individual Counselling | Family Counselling | Groups      | Peer Support |
| Work and Study         | Drug and Alcohol   | Other _____ |              |

**Please attach additional referral information such as IAR-DST (preferred), mental health treatment plan, intake assessment. If none are available please complete below questions**

**Additional information attached to referral?      Yes      No (complete questions below)**

What are some of the current issues?

|                 |                     |                           |                      |
|-----------------|---------------------|---------------------------|----------------------|
| Depression      | Anxiety             | Gender or Sexuality       | Work or study issues |
| Anger           | Alcohol or drug use | Isolation & relationships | Health/disability    |
| Family Conflict | Distress tolerance  | ADHD / autism             | Other Mental Health  |

Provide more information below *(please include info about duration, age of onset and pre-existing diagnoses):*

What impact has this had on the young persons wellbeing? *(Please note any current symptoms, distress)*

What has been the impact on activities and relationships? *(e.g. family, friends, school, work, routine, etc)*

What supports does the young person have? *(personal and professional supports)*

What are the young person's goals and objectives?

Other Comments

*When emailing this form to headspace Nowra, encrypt where possible. All forms of written communication involve an element of risk that information could be read by someone other than the intended recipient.*