headspace Oran Park Referral Form

Phone: 4604 3030

Email to: headspaceoranpark@gph.org.au

Oran Park: Level 5, Suite 5.04, 3 Fordham Wy Oran Park
Narellan: Narellan Library, Cnr Queen & Elyard St Narellan

headspace Oran Park is not a crisis service. If the young person needs immediate support, please call the Mental Health Line on **1800 011 511,** or Lifeline on **13 11 14.** In an emergency please call **000** or attend the nearest hospital Emergency Department.

Date of referral:

Preferred headspace centre: ○ Oran Park ◉ Narellan

Young Persons Details		
First Name:	**Last Name:**	**Preferred Name:**
Age:	**Date of Birth:**	
Gender: Female	**Pronoun/s:**	
Address:		
Phone Number:	**SMS consent:** Yes ◉ No ○	**Email:**
Medicare Number:	**Reference Number:**	**Expiry date:**

Consent		
Headspace Oran Park is a voluntary service, referrals will not be accepted without the consent of the young person.		
Has the young person consented to this referral?	Yes ○	No ◉
Does the young person have a Mental Health Treatment Plan?	Yes ◉	No ○
If the young person is under 14 years, is their parent/legal guardian aware?	Yes ○	No ◉
Parent or legal guardian's name:	**Parent or legal guardian's contact number:**	

Details of Referrer	
Name:	**Service or Relationship:**
Contact number:	**Email:**

Will you or another person from your service have continued involvement with the young person?			
Yes ◯ No ◉	**Name:**	**Role:**	**Phone:**
Does the young person currently receive support from any other services?			
Yes ◉ No ◯	Name:	Phone:	
Main reason/s for referral to headspace Oran Park:			
Mental health ☐	Drug and Alcohol ☐	Vocational ☐	Physical/Sexual health ☐

What are some of the current issues for the young person (please include info about duration, age of sent and pre-existing diagnoses)
What has been the impact of these? (e.g relationships, school, work, home etc.)
What are the young persons goals and objectives for coming to headspace Oran Park?
Is the young person currently supported by other health services? (If yes, please provide service details below)
Yes ◯ No ◉ **Does the young person consent to headspace Oran Park exchanging information with these services to support this referral? (If yes, please provide contact details below)** Yes ◉ No ◯ Contact details:

Signature of Referrer: **Signature of young person:**