

Referral Form



Referrer's Name		Permission to contact referrer?	Yes	No
Date of referral:		Is Young Person aware of referral?	Yes	No

Young Person Details

Name:					DOB:			
Address:								
Mobile Phone:		Home Phone:		If we leave a message can we say we are from headspace?			Yes	No
Gender Identity:	Male	Female	Gender Diverse	Intersex	Indeterminate	Prefer to self-describe	Pronouns:	
							She/Hers	
							Him/His	
Other:							They/Theirs	

Cultural Identity

Aboriginal	Torres Strait Islander	Aboriginal & TSI	Non Indigenous	Prefer not to say	Other (More information)	
Country of Birth:				Preferred Language:		
Place of Birth:				Interpreter required:	Yes	No

Emergency Contact Details

Name:							
Address:							
Mobile Phone:				Home Phone:			
Relationship to Young Person:					Can we contact this person about appointments?	Yes	No

Reason for Referral

Mental Health		Can you please tell us a little more?
Drugs & Alcohol		
School/Work		
General Health		
Other		

Additional Information (if known)

Is the Young Person currently in crisis or at immediate risk to self or others? (headspace Pilbara is not a crisis response service - please consider alternative referral if immediate support is required)	Yes	No

Risk Assessment: (please indicate)	Self-harm		Suicide Ideation		Suicide Attempt		Violence Aggression	
	Psychosis Mania		Substance Use Abuse		Neglect Abuse		Homelessness	

Can you please tell us a little more?

Involvement with other agencies/services

GP Name and Practice:	Is it OK to contact them?	Yes	No
Psychologist/Counsellor Name and Organisation:	Is it OK to contact them?	Yes	No
Other:	Is it OK to contact them?	Yes	No
Other:	Is it OK to contact them?	Yes	No

Previous mental health diagnosis/treatment:	Relevant medical details, including medications: (please attach existing MHTP, discharge summary, other)

Client Consent

I have discussed headspace Pilbara services with the referring agency where applicable)	Yes	No
I have agreed to accept headspace Pilbara services	Yes	No
I am aware that this referral is being made and a headspace worker will be phoning me or my parent/guardian to discuss:	Yes	No
I understand I can withdraw from headspace Pilbara anytime:	Yes	No
Young Person's Name: 		
Young Person's Signature: 	Date: 	
If the young person is under 16 years of age , authorisation should where possible be provided by a parent/guardian/carer.		
Guardian Name: 		
Guardian Signature: 	Date: 	