

headspace Port Adelaide referral

headspace Port Adelaide provides free early intervention support for mild to moderate mental health concerns for young people aged 12-25.

headspace Port Adelaide does not provide assessments for mental health diagnosis.

headspace Port Adelaide is operated by Centacare, and funded by Adelaide PHN.

Need help now?

headspace is not an emergency or crisis service.

If you need emergency support, please call 000.

If you need crisis support, contact:

- Mental Health Triage (16+) 13 14 64
- Women's and Children's Hospital (Under 16) 8161 7044
- Urgent Mental Health Care Centre (16+) 8448 9100, 215 Grenfell Street, Adelaide

Referrer details	
I am making this referral for	<input type="checkbox"/> Myself (skip to young person's details) <input type="checkbox"/> On behalf of a young person (fill details below)
Name of referrer	
Relationship to young person or Agency	
Contact details	Phone
	Email
When is best to contact you regarding this referral?	
Is the young person aware this referral is being made?	<input type="checkbox"/> No <input type="checkbox"/> Yes We cannot process a referral that is made without the young person's consent or if the young person is not willing to engage with mental health support.

Young person details	
Legal names	
Preferred names	
Date of Birth	Pronouns
Address	Gender
Contact Details	Phone
	Email
When is best to contact the young person regarding this referral?	



Young person's emergency contact person		
Name	Port Adelaide	
Relationship to young person		
Contact Details	Phone	
	Email	
Would the young person like this person to receive text appointment reminders?	<input type="checkbox"/> No <input type="checkbox"/> Yes	

Young person's additional details	
This information helps us to provide the young person with the correct care, please complete as much as possible	
Does the young person have a NDIS plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young person have a current Mental Health Care Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young person identify as Aboriginal and/or Torres Strait Islander?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young person need support with reading and/or writing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the young person or family require an interpreter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, who requires an interpreter, and for which language?	
Is the young person homeless OR living in an unstable housing situation?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Who should we contact regarding next steps?	
<input type="checkbox"/> Referrer <input type="checkbox"/> Young person only <input type="checkbox"/> Emergency contact <input type="checkbox"/> Other:	
<input type="checkbox"/> Young person first, if they cannot be contacted, their emergency contact	

Referral		
Please let us know the main reasons you are making this referral for the young person to receive support from headspace Port Adelaide:		
Please indicate if any of the following areas are a concern to the young person:		
<input type="checkbox"/> Mental health	<input type="checkbox"/> Relationship concerns	<input type="checkbox"/> Family concerns
<input type="checkbox"/> School concerns	<input type="checkbox"/> Trauma	<input type="checkbox"/> Physical or sexual health
<input type="checkbox"/> Alcohol and other drugs	<input type="checkbox"/> Pregnancy or young parent	<input type="checkbox"/> Body image and eating
<input type="checkbox"/> Disability	<input type="checkbox"/> Neurodivergence	<input type="checkbox"/> Gender or sexual identity
<input type="checkbox"/> Work and study options	<input type="checkbox"/> Homelessness or couch surfing	<input type="checkbox"/> None of these
<input type="checkbox"/> Other:		



Next we are going to ask some questions which are sensitive in nature

If these questions cause you to feel distress, please contact: Part 2 Adelaide

<u>If it's a crisis:</u>	<u>If you just want to speak with someone in the moment:</u>	<u>If you would rather find support online:</u>
<ul style="list-style-type: none"> • Mental Health Triage (16+) 131464 • Women's and Children's Hospital (Under 16) 8161 7044 • Urgent Mental Health Care Centre (16+) 8448 9100, 215 Grenfell Street, Adelaide 	<ul style="list-style-type: none"> • Kids Helpline 1800 551 800 • Lived Experience Telephone Support Service (5pm-11pm) 1800 013 755 • Lifeline 24 Hour Crisis Counselling 13 11 14 	<ul style="list-style-type: none"> • www.eheadspace.org.au • www.kidshelpline.com.au • www.lifeline.org.au • www.beyondblue.org.au • www.moodgym.com.au

Is the young person experiencing current (within the last week) thoughts about suicide? Yes No

If yes, please provide more details about the young person thoughts:

Has the young person self-harmed within the last two weeks? Yes No

If yes, please provide more details about the young person's self-harm:

Is the young person currently experiencing homelessness or living in an unstable housing situation? Yes No

If yes, please provide more details about the young person experience:

Is there anything else we might need to know about the young person?