Referral Form – Client Details

headspace Port Macquarie

Suites 4-5, 10-12 Short Street, Port Macquarie NSW 2444
Phone: 02 6588 7300 Fax: 02 6584 5729
Email: headspacepm@each.com.au

Date: Walk In □ Email □ Phone □ Fax □

headspace is not a crisis service. We are unable to support severe Mental Health concerns or crisis referrals. Please call the 24hr Mental Health Line on 1800 011 511 if the young person requires urgent assistance.

SECTION 1 - headspace referral criteria

headspace is a voluntary service for young people 12 - 25 y.o. We can only engage if the young person has consented to and provided permission for this referral. Has this occurred? Yes No

SECTION 2 - YOUNG PERSON'S DETAILS:

NAME: **GENDER:**	DOB: Age:
Address:	
Suburb:	Mobile no.:
Alternative contact no.:	Email:
Country of birth:	Interpreter: Yes No / Cultural Background:
ATSI: □ Aboriginal □ Torres Strait Islander □ Both □ Neither	
Are you/is the young person available for an appointment at short notice? □ Yes □ No / Best contact no.:	

SECTION 3 - Referrer details: headspace will be corresponding with you using the details below. Please ensure that all details are correct and legible

Self referral: Yes No	Organisation:
Referrer name:	Designation:
Relationship to young person:	Fax no.:
Phone no.:	Email:
Service address:	

SECTION 4 - Parent/guardian: *please note that if the young person is aged under 16 or if there are identified risk issues we will require a parent or guardian to be documented on this form

Name:	
Relationship to young person:	Contact no.:
Do we have consent to speak with the young person identified?	Yes No

SECTION 5 - Primary reason(s) for referral: this section must be completed. Please attach any additional information/assessment notes

□ Mental health support	□ Physical health support
□ Drug and alcohol support	□ Educational/vocational support
□ Social inclusion	□ Other, please specify

SECTION 6 - Presenting issues:	
Does the young person have a mental health care plan?	Yes □ No □
Current Presenting issues: (this section must be completed)	
Please list other services involved:	
GP Details:	
Risk factors for young person/family:	
□ Suicidality	
□ Aggression	
□ Homelessness	
□ Non suicidal self injury	
□ Substance use	
□ Risky behaviour	
□ Acute Psychiatric	
□ Other	

OFFICE USE ONLY			
Intake worker recommendation/appointment made:			
Who will attend appointment:		Written consent gained:	
MMEX:	*TRAKCARE:*	*CS DATABASE:*	*INACTIVE:*