headspace
Queanbeyan
Street 98 Monaro Street (Cnr Crawford Street)
Queanbeyan NSW 2620
Tel 02 6298 0300 Fax 02 6298 0399
Email info@headspacequeanbeyan.org.au
headspace.org.au

Referral Form

To be completed by services wishing to refer a young person to headspace Queanbeyan

Referral Criteria and Guidance

headspace Queanbeyan is a free, youth-friendly and confidential service available to young people aged 12-25 years, in the Queanbeyan and surrounding area. The services available at **headspace** Queanbeyan include:

- Youth Friendly GPs
- Alcohol & Drug Support
- Psychologist services (under a GP Mental Health Treatment Plan)
- Counselling
- Vocational support

headspace Queanbeyan work with young people experiencing mild to moderate mental health issues such as stress, anxiety, depression or grief.

headspace Queanbeyan is not an acute mental health / crisis service. If you have any immediate concerns regarding the safety of a young person, please call:

NSW Mental Health Line	1800 011 511
ACT Crisis Assessment & Treatment Team (CATT)	1800 629 354
Kids Helpline	1800 551 800
Emergency services	000

Please return the completed referral form to:

headspace Queanbeyan
98 Monaro Street (Corner Crawford Street)
Queanbeyan NSW 2620

Phone: 02 6298 0300
Fax: 02 6298 0399

Self-Referral

Young people can refer themselves to **headspace** Queanbeyan. Young people are encouraged to contact **headspace** Queanbeyan directly by either phoning, emailing or walk-in to the centre.

Family and Friend Referral

Family, carers and friends can refer a young person to **headspace** Queanbeyan. Please contact **headspace** Queanbeyan directly by either phoning, emailing or walk-in to the centre.

Young Persons Details	
Has the young person consented to this referral?	☐ **Yes** ☐ **No**
Name	
Address	
Date of Birth	
Phone Number	
Gender	☐ Female ☐ Male ☐ Other:
Cultural Identity	☐ Aboriginal or Torres Strait Islander ☐ CALD

Referring Service Details	
Date of Referral	
Name	
Address	
Organisation	
Position in Organisation	
Phone Number	
Email	

Reason for Referral: **(Attach further pages if required)**

*Please include **any information which may be useful to assist** with the referral (e.g. mental health, drug and alcohol, vocational / educational or physical health including past / current risk assessments).*

Does the young person have an existing GP? ☐ Yes ☐ No ☐ Unsure

If yes, please detail:

Does the young person have an existing Mental Health Treatment Plan? ☐ Yes ☐ No ☐ Unsure

Does the young person require an interpreter? ☐ Yes ☐ No ☐ Unsure