

# headspace Shellharbour and Kiama referral form



Shellharbour office: 4 Lake Entrance road, Warilla. **Phone (02) 4225 5670**

Kiama office: 11/65 Manning Street Kiama. **Phone (02) 4225 5640**

Return by email to [headspaceshellharbour@gph.org.au](mailto:headspaceshellharbour@gph.org.au) or fax: (02) 4225 5671

For Kiama referrals - [headspacekiama@gph.org.au](mailto:headspacekiama@gph.org.au) or fax 02 4225 5641

*Email or fax acknowledgment will be sent to confirm receipt of referral. Referred young people will typically be contacted within two business days of receipt of referral, or one day where risk is identified*

<b>Details of Young Person (referrer to complete)</b>			Today's Date:		
First Name:		Last Name:		Preferred name:	
Pronoun(optional):			Date of Birth:		
Address:					
Contact number:		SMS consent? Yes    No		Email:	
headspace is a voluntary service; referrals will not be accepted without the consent of the young person.					
Has the young person agreed to this referral?				Yes	No
Does the young person have a Mental Health Treatment Plan?				Yes	No    unsure
If the young person is under 16, is a guardian aware of referral?				Yes	No    16 or over
Guardian's name:			Guardian's contact number:		
Is it okay to contact the guardian about this referral?				Yes	No

## Details of Referrer

Name:		Service:			
Phone:		Fax:		Email:	
Will your service have continued involvement with the young person?				Yes	No
Does the young person currently receive support from other services? <i>(if yes provide details)</i>				Yes	No

**Current safety concerns?**    Suicide    Self harm    Child protection    Violence    Other  
*Provide details if box checked*

*headspace is not a crisis service. If you have any immediate concerns for the safety of a young person, please call emergency 000 or the mental health line 1800 011 511.*

## Reason for referral

Individual counselling	Family Counselling	Groups	Peer Support
Education and employment	Drug and Alcohol	Other	
Preferred centre <i>(skip if unsure)</i>	Shellharbour	Kiama	

Please attach additional referral information such as IAR-DST, mental health treatment plan, assessment.

**If no additional information - Complete below**

**Additional information attached to referral?      Yes      No (complete questions below)**

What are some of the current issues? (referring service worker to complete)

Depression	Anxiety	Gender or Sexuality	Work or study issues
Anger	Alcohol or drug use	Isolation & relationships	Health/disability
Family Conflict	Distress tolerance	ADHD / autism	Other MH

Provide more information below (*please include info about duration, age of onset and pre-existing diagnoses*):

What impact has this had on the young persons wellbeing? (*Please note any current symptoms, distress*)

What has been the impact on activities and relationships? (*e.g. family, friends, school, work, routine, etc*)

What supports does the young person have? (*personal and professional supports*)

What are the young person's goals and objectives?

Other Comments

*When emailing this form to headspace Shellharbour or Kiama, encrypt where possible. All forms of written communication involve an element of risk that information could be read by someone other than the intended recipient.*