

headspace referral form



Please return to:

Email: headspace.strathpine@openminds.org.au

Phone: (07) 3465 3000 **Fax:** (07) 3465 3099

Address: 441 Gympie Rd, Strathpine QLD 4500

Important information regarding your referral, **please read:**

- headspace Strathpine is a service for young people between the ages of 12 to 25. We can only engage with young people who have provided consent to the referral.
- If the young person is at high or acute risk of suicide, please contact emergency services on 000.
- Please note that receipt of the referral form does *not* indicate acceptance to the headspace Strathpine services. Suitability of the referral will be determined following assessment with the young person.
- To complete the referral, you must attach relevant assessment notes, discharge summaries and/or additional information.
- We will endeavour to respond to referrals within 2-3 business days.

Date of Referral:

Consent for Referral

Has the young person consented to and provided permission to exchange information in relation to this referral?

Yes

No

Primary Reason(s) for Referral: This section must be completed.

Short Term Mental Health Intervention

Drug and/or Alcohol Support

Vocational Support

Physical Health Support

Other:

Young Person's Details:

First Name:

Surname:

Age:

Preferred Name:

D.O.B:

Gender Identity:

Address:

Suburb:

Postcode:

Contact Number (1):

Contact Number (2):

Email:

Interpreter Required: Yes, Language:

No

Assistance with reading/writing? Yes No

Is the young person of Aboriginal or Torres Strait Islander origin? Yes

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

Name of Referrer:

Organisation:

Role/relationship to Young Person:

Contact Number:

Fax:

Referrer email address:

headspace referral form



Please return to:

Email: headspace.strathpine@openminds.org.au

Phone: (07) 3465 3000 **Fax:** (07) 3465 3099

Address: 441 Gympie Rd, Strathpine QLD 4500

Parent/guardian: Please note that if the young person is aged 16 and under, we will require a parent or legal guardian to be documented on this form and attend the first appointment.	
Name:	
Relationship to young person:	
Contact Number:	
Do we have permission to speak with this person: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Who is the best contact for appointment bookings? <input type="checkbox"/> Young Person <input type="checkbox"/> Parent/Guardian	
<input type="checkbox"/> Other:	
Name:	Relationship to young person:
	Contact Number:
Presenting Issues:	
Current Presenting Issues (Please include duration, age of onset and any other relevant information)	
Impact on functioning (e.g.: relationship/school/home/work/decline in function)	
Known family history of mental health conditions	
Previous/current engagement with other services: (please attach all relevant assessment/notes)	

headspace referral form

Please return to:

Email: headspace.strathpine@openminds.org.au

Phone: (07) 3465 3000 **Fax:** (07) 3465 3099

Address: 441 Gympie Rd, Strathpine QLD 4500

Risk Factors

- Suicide attempt(s)
- Suicidal Ideation
- Homelessness
- Non-Accidental Self-Injury
- Substance use
- Harm to Others
- Misadventure
- Social Withdrawal

Other

Please provide further details below:

Referrer's Name:

Referrer's Signature:

Date:

By signing this document, the referrer agrees that the above information is a true and accurate record