

headspace Tuggeranong External Referral Form

headspace Tuggeranong is a free, youth-friendly and confidential service for young people aged 12 – 25 years. Led by Grand Pacific Health, **headspace** Tuggeranong brings together a variety of services in one place, making it easier to get the support you need. **At headspace Tuggeranong** we offer the following supports and services:

- **Mental Health Support** – Our team of Youth Counsellors, Mental Health Counsellors, and Youth Care Coordinators are here to help you through tough times.
- **Alcohol and Other Drug Support** – If the young person or someone they know is struggling with Alcohol or Other Drug use
- **Work & Study Support** – Advice and support with employment or educational goals
- **Physical Health and Sexual Health** – We have a free GP onsite

headspace Tuggeranong is a voluntary service & young people being referred to headspace Tuggeranong **MUST** be aware and consent to you completing this referral on their behalf.

PLEASE NOTE:

headspace Tuggeranong is not an acute mental health or crisis service. If you have any immediate concerns for the safety or wellbeing of a young person, please contact one of the following services:

- **Access Mental Health 1800 629 354**
- **Lifeline on 13 11 14**
- **Kids Helpline 1800 55 1800**

In case of an emergency, always call 000 immediately.

HOW TO REFER:

Self and Family & Friends Referral

At headspace Tuggeranong, we try to make it easy for young people, their family & and friends to connect with us. Here's how you can make an initial appointment:

Phone: Call us on 02 6298 2920

Email: Send us an email at info@headspacetuggeranong.org.au

Drop in: Visit us at Level 1, 167 Soward Way Greenway during opening hours. You can drop in to have a chat about making an initial appointment, explore the space, or meet our friendly team. We will do our best to help make you feel comfortable before deciding if you'd like to proceed with an appointment.

When making an appointment on behalf of a young person, the young person needs to be aware of and consent to you making an appointment on their behalf.

– You can direct a young person or their family and friends to complete a referral form by using our [Self and Family & Friends Form](#)

External referrals

If you're an external referrer, you can refer a young person to headspace Tuggeranong by using our General Referral Form. General Practitioners can either use the General Referral Form or send a referral letter and GPMHCP if appropriate for the young person. **Please Note** – young people under 16 years of age parental or carer consent is usually required. If obtaining consent isn't an option for the young person, please call us to discuss their situation before sending your referral.

For more information regarding **headspace** Tuggeranong, please contact us or visit our website www.headspace.org.au/Tuggeranong

CONFIDENTIAL

If you are unsure about making a referral, please contact headspace Tuggeranong on 02 6298 2920

Date of referral: ____/____/____

Young Person (Client) Details

Name: _____ Age: _____ DOB: _____

Gender: Male Female Gender Diverse Intersex Other:

Pronouns: _____ Ethnicity: _____ Preferred Language: _____

Address: _____

Phone Number: _____

Can we use SMS to contact you? Yes No

Can we leave a voicemail message? Yes No

Email: _____

Emergency Contact Details

Name: _____

Name: _____

Relationship to young person: _____

Relationship to young person: _____

Mobile: _____

Mobile: _____

Can we contact this person? Yes No

Can we contact this person? Yes No

Referrer Details

Name: _____ Organisation/Service: _____

Job Title: _____

Ph: _____ Fax: _____

Mob Ph: _____

Email: _____

Postal Address: _____

(Further questions for referrer over page)

Reason for referral

Reason for seeking support:

1. _____
2. _____
3. _____

What supports does the young person identify as needing?

What supports do you feel that the young person would benefit from to support their mental & emotional wellbeing?

What resources & supports does the young person have in their life (e.g. family supports, social network, others)?

What skills & strengths does the young person have (e.g. resilience, organisation, kindness)?

History of Presenting Concerns:

Relevant background information:

Previous Mental Health Support (Who/When)

Other Services Supporting young person (Previous/Current)

Risk please tick if relevant and provide details

- Self-harm? _____
- Suicidal thoughts? _____
- Previous suicide attempts? _____
- Risk to others? _____
- Other risk-taking behaviours? *eg. Alcohol & other drug use, intersection with criminal justice system*

What supports are you hoping for from headspace Tuggeranong (circle all that apply)?

Physical & Sexual Health - Youth Care-Coordinator - Counselling – Alcohol & Other Drugs – Work & Study

Other Comments:

Consent

The young person that I am making this referral on behalf of is aware that I am completing the referral and would like support from headspace Tuggeranong:

Yes No

The young person has consented to this referral being made on their behalf:

Yes No

If young person is under 16 years old, their parent or carer is aware and has consented to this referral being completed on the young persons behalf:

Yes No

If you have not stated “Yes” to the above question and the young person is under 16 please contact us prior to submitting this referral and provide further information below:

By submitting this form, you are declaring that you have received the young person’s consent to reach out to headspace Tuggeranong on their behalf.

How to submit this form:

Email: info@headspacetuggeranong.org.au

Post or drop in: Level 1, 167 Soward Way, Greenway, ACT 2900

Fax: 02 6298 2921