

# headspace Wagga Wagga Referral Form



You can complete this form yourself or call headspace Wagga and we can help you to complete the form over the phone.  
Free call 1800 856 572 or (02) 6937 9000.

**headspace Wagga Wagga is not a crisis service.**

**For any immediate concerns, please call Accessline on 1800 800 944**

**Accessline is a free 24-hour phone service staffed by mental health practitioners.**

**Date of Referral:**

## Consent

headspace Wagga is a voluntary service for young people aged 12-25 years of age. We can only engage with young people if they have consented to the referral and are old enough to consent.

If you are referring a young person, have they consented to this referral? ☐ Y ☐ N ☐ N/A

If you are under 14 years of age, has a parent/guardian consented to the referral? ☐ Y ☐ N ☐ N/A

## Personal Information of Young Person

Young person's full name: \_\_\_\_\_

Preferred name and pronouns: \_\_\_\_\_

What is your gender identity: \_\_\_\_\_ DOB: \_\_\_\_\_ Current Age \_\_\_\_\_

Address: \_\_\_\_\_

Young person's Phone Number: \_\_\_\_\_

Young person's Email Address: \_\_\_\_\_

Preferred contact Person & Phone Number/Email (for appointments only): \_\_\_\_\_

Do you identify as: ☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐ Unsure

Are you a refugee or from a migrant family/community: ☐ Y \_\_\_\_\_ ☐ N ☐ Unsure.

## Services Interested in

☐ Mental Health & Wellbeing ☐ eating disorder ☐ DBT group ☐ Alcohol & Other Drugs

☐ Work and Study ☐ Dietitian ☐ Doctor/GP

Is there anything you would like us to note so we can better support you?

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## Service Access information- Current

Do you have an existing General Practice/Doctor: ☐ Y \_\_\_\_\_ ☐ N ☐ Unsure

Are any other services supporting you or your family at the moment: ☐ Y \_\_\_\_\_ ☐ N ☐ Unsure

Do you have an existing Mental Health Treatment Plan: ☐ Y \_\_\_\_\_ ☐ N ☐ Unsure

Do you have an existing counsellor: ☐ Y \_\_\_\_\_ ☐ N ☐ Unsure

Have you accessed counselling sessions services this calendar year: ☐ Y ☐ N, *If yes, how many?* \_\_\_\_\_

Do you have any current Court Orders (AVO, DVO, parole/probation): ☐ Y ☐ N ☐ Unsure

*If yes:* \_\_\_\_\_

Do you have a NDIS plan: ☐ Y ☐ N *If yes, does it include Psychology:* ☐ Y ☐ N

*(If yes, the young person will not be eligible to receive psychology/mental health services at hWW. The young person may be eligible for other hWW services however.)*

## Risk

In the past two weeks, have you deliberately harmed yourself/had thoughts of harming yourself: ☐ Y ☐ N

In the past two weeks, have you thought about ending your life: ☐ Y ☐ N

Have you ever tried to end your life? ☐ Y ☐ N

*If yes, and you are comfortable, please provide additional information: when/how/ what happened/what was happening in your life at that time:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Referrer details

☐ Self (no need to complete below) ☐ Family or friend (*complete below*) ☐ Professional (*complete below*)

Referrers' Name/Organisation: \_\_\_\_\_

Relationship to young person: \_\_\_\_\_

Referrer's Phone number: \_\_\_\_\_

Referrer's Email Address: \_\_\_\_\_

Referrer's Address (*only required if no email provided*): \_\_\_\_\_

\_\_\_\_\_

**\*Please note:** For family and friend and professional referrers', we will continue to liaise with the young person from this point, unless/until consent is provided from the young person.

### How to submit this form:

In Person: Drop into headspace Wagga at 2/185 Morgan Street, Wagga Wagga

Fax: (02) 6937 9045

Email: [myheadspace@headspacewagga.org.au](mailto:myheadspace@headspacewagga.org.au)

Mail: PO Box 5693, Wagga Wagga BC, NSW 2650