

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 ☐ Seasons for Growth Group

☐ Alcohol & Other Drugs ☐ Work & Study ☐ Dietitian ☐ Doctor/GP

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



Current Service Access Information

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 but may be eligible for other hWW services)

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:

Fax: (02) 6937 9045

Email: myheadspace@headspacewagga.org.au

In Person: Drop into headspace Wagga at 141 Peter Street, Wagga Wagga