

# Referral Form

**PLEASE NOTE:**

headspace Mackay, headspace Sarina, and headspace Whitsundays are not an acute mental health/crisis service. If you have any immediate concerns regarding the safety/wellbeing of a young person, please have them attend Mackay or Whitsundays Community Mental Health or call 1300 642 255. In an emergency, contact 000 immediately.

**Is the young person currently self-harming or having suicidal ideation?**

Yes – Describe: \_\_\_\_\_  No

If yes, please refer them directly to Mackay or Whitsundays Child & Youth Mental Health or the hospital emergency department

The organisation that manages headspace Mackay, Sarina and Whitsundays is North and West Remote Health.

**headspace Mackay**

**headspace Sarina**

**headspace Whitsundays**

Mackayheadspace@nwrh.com.au

Sarinaheadspace@nwrh.com.au

Whitsundaysheadspace@nwrh.com.au

PH: 4898 2200 Fax: 4898 2299

PH: 07 4842 6750 Fax: 4421 7462

PH: 4842 6760 Fax: 4421 7458

<b>Person being referred (These details will be used to contact the young person/parent/guardian)</b>			
<b>Primary Reason for Referral</b>			
Mental Health <input type="checkbox"/>	Alcohol/Drug Use <input type="checkbox"/>	Physical Health <input type="checkbox"/>	Vocational Support <input type="checkbox"/> Group <input type="checkbox"/> Other <input type="checkbox"/>
<b>Date of Referral:</b>		/ /	
<b>First Name:</b>		<b>Last Name:</b>	
<b>Preferred Name:</b>		<b>Pronouns:</b>	
<b>Date of Birth:</b>		<b>Gender Identity:</b>	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Agender <input type="checkbox"/> Non-binary <input type="checkbox"/> Trans woman <input type="checkbox"/> Trans man <input type="checkbox"/> Gender Fluid <input type="checkbox"/> Sistergirl <input type="checkbox"/> Brotherboy <input type="checkbox"/> Gender Questioning <input type="checkbox"/> Prefer not to answer
<b>Ethnicity:</b>	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other		
<input type="checkbox"/> Do you have a preference to see a male or female clinician? <input type="checkbox"/> Male <input type="checkbox"/> Female <small>*Please note we will try our best to accommodate this request however due to staff availability this may not always be possible</small>			
<b>Young person mobile number:</b>	<b>Parent/Guardian Name:</b>		
	<b>Parent/Guardian Contact Number:</b> <i>(if consent given by young person)</i>		
<b>Young Person Email:</b>	<b>Parent/Guardian Email Address:</b>		
<b>Address:</b>			
<b>Consent to Referral by Young Person:</b>			
I am aware that this referral is being made. I understand that I can withdraw from the service at any time. I give permission for headspace Mackay/Sarina/Whitsundays & NWRH to use my contact details above, and to obtain relevant information from government and non-government agencies, doctors, and other health professionals specifically relevant to my care whilst being a client of headspace Mackay/Sarina/Whitsundays. Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Please Note – we will be unable to accept the referral if consent is blank.</b>			
<b>Signature of young person:</b>			
<b>Parent/Guardian Signature:</b> <small>If under 18 years of age, authorisation ideally would be provided by a parent/carer</small>			

Referrer Details (if different from parent/guardian):			
<b>Full name:</b>		<b>Contact number:</b>	
<b>Organisation:</b>		<b>Position:</b>	
<b>Email address:</b>			
Presenting Concerns			
<input type="checkbox"/> DEPRESSION		<input type="checkbox"/> NDIS	
<input type="checkbox"/> ANXIETY		<input type="checkbox"/> PENDING LEGAL MATTERS	
<input type="checkbox"/> ALCOHOL/DRUG MISUSE		<input type="checkbox"/> TRAUMA	
<input type="checkbox"/> AUTISM(ASD)		<input type="checkbox"/> BODY IMAGE/SELF-ESTEEM	
<input type="checkbox"/> ADHD/ADD		<input type="checkbox"/> EATING CONCERNS	
<input type="checkbox"/> ANGER		<input type="checkbox"/> FAMILY/RELATIONSHIPS CONCERNS	
<input type="checkbox"/> BULLYING/SCHOOL REFUSAL		<input type="checkbox"/> SEXUALITY/GENDER IDENTITY	
Notes (about the boxes ticked above):			
<b>Please Note – we will be unable to accept the referral if the box below is left blank.</b>			
Eligibility Criteria:			
<ul style="list-style-type: none"> <li>• Referrals from CYMHS/QLD Health or other service providers require a copy of all relevant documentation (including assessment, treatment and discharge summaries) prior to referral being processed</li> <li>• Referrals from Youth Justice/Probation &amp; Parole require information on convictions and pending legal matters (including dates, along with AOD information) prior to referral being processed</li> <li>• General Practitioners – please note headspace Sarina &amp; Whitsundays do not require a mental health care plan to be referred. Please call the Mackay office prior to referring with a mental health care plan.</li> </ul>			
Sending your referral:			
<p><b>headspace Mackay</b>            Please email referral to: <a href="mailto:Mackayheadspace@nwrh.com.au">Mackayheadspace@nwrh.com.au</a>            Or fax to: <b>(07) 4898 2299</b>            For more information please call: <b>(07) 4898 2200</b></p> <p><b>headspace Sarina</b>            Please email referral to: <a href="mailto:Sarinaheadspace@nwrh.com.au">Sarinaheadspace@nwrh.com.au</a>            Or fax to: <b>(07) 4421 7642</b>            For more information please call: <b>(07) 4842 6750</b>  <i>*Please note the centre is open Mondays, Tuesdays, and Wednesdays</i></p> <p><b>headspace Whitsundays</b>            Please email referral to: <a href="mailto:Whitsundaysheadspace@nwrh.com.au">Whitsundaysheadspace@nwrh.com.au</a>            Or fax to: <b>(07) 4421 7458</b>            For more information please call: <b>(07) 4842 6760</b>  <i>*Please note the centre is open Mondays, Tuesdays, and Wednesdays</i></p>			