

headspace Whyalla Referral Form

Self Referral

headspace Whyalla provides short-term support for young people aged 12–25 experiencing mild to moderate mental health challenges.

This form takes about 10 minutes to complete and is reviewed during business hours. If you need assistance completing the form, call headspace Whyalla on **(08) 8641 4330**.

Need urgent help?

headspace is not an emergency or crisis service, and this form is not monitored continuously.

If in immediate danger call **000** or go to the nearest hospital emergency department.

For urgent mental health support in South Australia, call **Mental Health Triage on 13 14 65**, 24 hours a day, seven days a week.

About you

First Name		Last Name	
If you prefer to go by another name, please let us know under 'Chosen name'. We will use this name in our communication with you.			
Chosen Name		Date of birth	
If you are under 16, does a parent or guardian know that you are asking for support?	☐ Yes ☐ No ☐ Not applicable, I am 16 or over You can still submit this referral if they do not know. We will talk with you about consent, confidentiality and who you feel safe involving in your support.		
Gender Identity Please select all that apply, or select 'other' to self-describe	☐ Female ☐ Queer / Questioning ☐ Brotherboy ☐ Nonbinary ☐ Gender diverse and/or transgender ☐ Sistergirl ☐ Prefer not to say ☐ Intersex ☐ Indeterminate ☐ Male		

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Do you identify as Aboriginal or Torres Strait Islander?	☐ Yes, I identify as Aboriginal ☐ Yes, I identify as Torres Strait Islander ☐ Yes, I identify as both Aboriginal and Torres Strait Islander ☐ No, I am neither ☐ I prefer not to say
Do you identify as culturally and/or linguistically diverse?	☐ Yes ☐ No ☐ Prefer not to answer ☐ Unknown
Country of birth?	
Interpreter required? If yes, which language is required?	☐ Yes ☐ No
Do you identify as LGBTIQA+?	☐ Yes ☐ No ☐ Prefer not to answer
Pronouns	☐ he/ him ☐ he/ they ☐ she/ her ☐ Unsure/ don't know ☐ they/ them ☐ Prefer not to say ☐ she/ they ☐ Other:
Do you have a NDIS plan?	☐ Yes ☐ No ☐ Unsure
Residential Address	<i>Please include your suburb and postcode. If you do not currently have a residential address, please write No Fixed Address</i>

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Can headspace send mail to this address?	☐ Yes ☐ No
Contact Number	
Email address	
Preferred method of contact (select all that apply)	☐ SMS ☐ Phone call ☐ Email ☐ Letter
Do you have a Medicare card?	☐ Yes ☐ No ☐ Unsure
Medicare number	9 digit number displayed on the front of the card
Medicare card IRN (the number listed next to your name)	Please enter your individual reference number, as listed on your Medicare card.
Medicare card expiry date	
Emergency Contact Name	
Emergency contact number	
Emergency contact relationship to you	

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Reason for referral

What is the reason for this referral?	<i>Please give as much information as possible</i>
How has this impacted day to day life?	<i>E.g. sleep, eating, school, relationships, work</i>
How long has this been going on for?	<i>E.g. a few days, weeks, months</i>
Do you have any areas of concern?	☐ Mental health ☐ Family issues ☐ Physical or sexual health ☐ Gender identity ☐ Work and/ or study support ☐ Pregnancy or young parent ☐ Alcohol and other drugs ☐ School issues ☐ Behaviour ☐ Trauma ☐ Body image or eating

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Next we are going to ask some questions which are sensitive in nature.

If these questions cause you to feel distress or if you require immediate support, please contact:

Crisis Support:

- Emergency Services - **000**
- Mental Health Triage Service **-13 14 65**
- or go to the Whyalla Hospital Emergency Department, 20 Wood Terrace, Whyalla.

Phone or online support:

- Kids Helpline: 1800 551 800
- Lifeline: 13 11 14
- Suicide Call Back Service: 1300 659 467
- 13YARN (for Aboriginal and Torres Strait Islander peoples): 13 92 76
- eheadspace - 1800 650 890

Are you having any CURRENT (within the last week) thoughts about suicide?	☐ Yes ☐ No
Have you had any prior suicide attempts?	☐ Yes ☐ No
Have you self-harmed within the last two weeks?	☐ Yes ☐ No
Have you accessed support for these concerns before? If so, which types?	☐ I have not accessed support for these concerns before ☐ this headspace centre ☐ a different headspace centre ☐ a private psychologist ☐ Other:

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Do you have a regular doctor (GP)?	☐ Yes ☐ No
GP name	
GP clinic/practice name	
How did you hear about headspace?	☐ General Practitioner (GP)/doctor ☐ A family, friend or carer ☐ headspace website ☐ Sonder website ☐ headspace social media, such as Facebook or instagram ☐ headspace attendance at event ☐ headspace workshop or presentation ☐ Another service provider ☐ A school counsellor ☐ Other:

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Privacy and Consent

Sonder is the lead agency for headspace Whyalla. The Privacy Act requires consent for the collection, use and disclosure of personal information. By submitting this form, the person completing the form provides consent:

- To be contacted by the relevant headspace service and any service providers involved in responding to this referral or request.
- For headspace to seek, collect, use and share information relevant to this referral or request where required to facilitate assessment, service provision, care coordination or referral.
- For information collected through this form to be used for reporting, evaluation and service improvement purposes. Any information used for these purposes will be de-identified where appropriate.

Consent declaration

- ☐ I consent to my information being collected, used and shared for the purposes outlined above.
- ☐ I consent to being contacted using the details provided in this form.

Signature	
Name	
Date	