

headspace Whyalla Referral Form

Referring Someone Else

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.

Referrer Relationship

What is your relationship to the young person that you are referring?	☐ Family member/ friend/ partner ☐ General Practitioner ☐ Hospital worker ☐ Mental health care worker ☐ Other community/ health care worker ☐ University/ school staff member ☐ Other _____
---	--

About you (the Referrer)

Your name	
Name of your organisation	<i>(Please put N/A if you are a family member, friend or partner)</i>
Your role/position	
Your contact number	
Your email	

headspace Whyalla Referral Form

Referring Someone Else

About the young person

Is the young person aware of and consenting to this referral?	<i>headspace is a voluntary service. The young person needs to be aware of the referral and provide their consent to receive services.</i> ☐ Yes ☐ No		
If the young person is under the age of 16, is their parent/legal guardian aware and consenting to this referral?	<i>If the young person is under 16, in most circumstances we will also require their parent or legal guardian to be aware of the referral and provide consent to receive services.</i> ☐ Yes ☐ No		
First Name		Last name	
<i>If the young person prefers to go by another name, please let us know under 'Chosen name'. We will use this name in our communication with you and them.</i>			
Chosen Name		Date of birth	
Gender of young person	☐ Female ☐ Queer / Questioning ☐ Brotherboy ☐ Nonbinary ☐ Gender diverse and/or transgender ☐ Sistergirl ☐ Intersex ☐ Prefer not to say ☐ Male ☐ Indeterminate ☐ Unsure		

headspace Whyalla Referral Form

Referring Someone Else

Does the young person identify as Aboriginal or Torres Strait Islander	☐ Yes, they identify as Aboriginal ☐ Yes, they identify as Torres Strait Islander ☐ Yes, they identify as both Aboriginal and Torres Strait Islander ☐ No, they are neither ☐ Prefer not to say
Does the young person 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
Does the young person identify as LGBTIQ+?	☐ Yes ☐ No ☐ Prefer not to answer
Young Person's pronouns	☐ he/ him ☐ she/ her ☐ they/ them ☐ she/ they ☐ he/ they ☐ Unsure/ don't know ☐ Prefer not to say ☐ Other:
Does the young person have a NDIS plan?	☐ Yes ☐ No ☐ Unsure

headspace Whyalla Referral Form

Referring Someone Else

Young person's residential address	<i>Please include suburb and postcode. If the young person you are referring does not currently have a residential address, please write No Fixed Address</i>
Can headspace send mail to this address?	☐ Yes ☐ No
Young person's Contact Number	
Young person's Email address	
Young person's Preferred method of contact <i>(select all that apply)</i>	☐ SMS ☐ Phone call ☐ Email ☐ Letter
Does the Young person have a Medicare card?	☐ Yes ☐ No ☐ Unsure
Young person's Medicare number	<i>9 digit number displayed on the front of the card</i>
Medicare card IRN (the number listed next to the young person's name)	<i>Please enter the young person's individual reference number, as listed on their Medicare card.</i>
Medicare card expiry date	
Young person's Emergency Contact Name	
Young person's Emergency contact number	
Emergency contact's relationship to young person	

headspace Whyalla Referral Form

Referring Someone Else

Reason for referral

What is the reason for this referral?	<i>Please give as much information as possible, so we can learn more about the young person</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>
What are the 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

headspace Whyalla Referral Form

Referring Someone Else

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

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

headspace Whyalla Referral Form

Referring Someone Else

Does the young person 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 _____

Please see next page to review & sign the consent declaration

headspace Whyalla Referral Form

Referring Someone Else

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	