

headspace Wollongong General Referral Form



If you are unsure about making the referral please contact headspace for consultation

CONFIDENTIAL

Young Person (Client) Details

Name _____ DOB: ____/____/____

Address: _____

Ph: _____ Mob Ph: _____ Residing with Family? Y / N

Education: _____ School Year: _____

Employed (circle): Fulltime Part-time Unemployed

Next of Kin / Other contact person: _____ Relationship: _____

Ph: _____

Is the client aware of the referral? Yes No

Is the client's family aware of the referral? Yes No

Who should we contact initially? Client Family Other: _____

Does the client want treatment? Yes No

Referrer Details

Name _____ Organisation/Service: _____

Position: _____ Ph: _____

Email: _____

Concerns

Presenting Problem/s:

1. _____
2. _____
3. _____
4. _____

Does the young person seem to suffer from any of the following **more than most of their peers?** (Please circle)

Irritability	Depression	Anger	Anxiety/ Worry
Attention	Behaviour	Social Skills	School work
Aggression	School attendance	Social Withdrawal	Sleep
Sexuality	Fears / Phobias	Low Self Concept	Substance use

What does the young person see as the problem?

Duration of current problem/s: *Days* *Weeks* *Months* *Years*

Relevant background information (family history MH, recent/chronic environmental stressors):

Previous Mental Health Treatment (by whom/ dates)

Other Services Currently Involved

Is there any risk to the young person from others, themselves or are they a risk to someone else?

What would support would you or the young person like from headspace? (Please circle)

- | | |
|----------------------------------|------------------------------|
| Psychology (6-10 Sessions) | GP |
| School Support | Youth Worker Support |
| Suicide and Self Harm Prevention | Counselling (General) |
| Family Counselling | Drug and Alcohol Counselling |

Other Comments:

*Please fax the completed form marked attention to "Intake" on 4225 0057
or post to Intake headspace Wollongong PO Box 6038 Wollongong NSW 2500*