headspace Wonthaggi Referral Form

This form is for young people aged 12 – 25 years old to fill out, or for family and friends to fill out on their behalf, to request support from headspace Wonthaggi. If you would prefer to complete the form over the phone or in person, please drop in or contact the Centre, details below.

Note: if you are a teacher, GP, Case Worker, etc, please use our ***Professional Referral Form*** which can be found on our website https://headspace.org.au/headspace-centres/wonthaggi/ or obtained by contacting the Centre.

headspace Wonthaggi is not an acute mental health/crisis service. If you need immediate support or have any immediate concerns regarding your own safety or that of the person you are referring, please call:

Kids Helpline: 1800 551 800 Emergency Services: 000

Lifeline: 13 11 14 Gippsland Mental Health Triage: 1300 363 322

Please return the completed referral form to:

headspace Wonthaggi
5b Murray Street
Wonthaggi VIC 3995

Phone: (03) 5671 5900
Email: referrals@headspacewonthaggi.org.au

Request for Support

Date of Referral:		
Are you completing this request for yourself or on behalf of someone else?	☐ for myself	☐ on behalf of someone else
If you are filling out this form for yourself, and under 16 years old, are your parents/carers aware of this referral?	☐ yes ☐ no	
If on behalf of someone else, please provide your name and phone number:		
Relationship to young person:		
Is the young person aware and consenting of you making this referral?	☐ yes ☐ no	

Young person's details	
Preferred name	
Legal name	
Date of Birth	
Gender Identity	Female ☐ Male ☐ Nonbinary ☐ Other ☐
Pronouns	She/Her ☐ He/Him ☐ They/Them ☐ Other ☐
Address	
Phone number	
Email address	

Cultural Identity	Do you or any of your family identify as Aboriginal or Torres Strait Islander ☐ yes ☐ no If yes, would you like any of your family or community to attend an intake with you? ☐ yes ☐ no
Cultural Identity cont.	Culturally and Linguistically Diverse ☐ yes ☐ no Do you require an interpreter? ☐ yes ☐ no Language:

Name of Emergency contact (required)	
Phone number	
Relationship to young person	

Medicare Number (*optional, but required for some headspace services eg. GP, telepsychiatry*)			
Card Number:			
Position on the card:		Expiry Date:	

Reasons for contacting headspace Wonthaggi (please tick all that apply)

Feeling down or stressed	☐	Relationship issues	☐
Wanting to see a GP	☐	Wanting to talk about sexuality or gender	☐
Sexual health (including contraception & sexual health checks)	☐	Issues with self harm	☐
Trouble with family/friends	☐	Body image or eating	☐
Alcohol or other drugs negatively impacting your life	☐	Other	☐

Please tell us about anything else you or young person you are referring would like to talk about?

If you are using this form to refer yourself:

Would you like a family member or support person in the next steps of connecting with headspace Wonthaggi? ☐ yes ☐ no ☐ unsure

Name	
Relationship	
Contact number	