Please email to [headspacedarwin@anglicare-nt.org.au](mailto:headspacedarwin@anglicare-nt.org.au) orfax08 8931 5995 (fax) or you can call us at headspace Darwin on 08 8931 5999

|  |  |
| --- | --- |
| date of referral: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| young person’s details: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | |  | | | | | | | Date of birth: | | | | | | | |  | | | | | Gender: | | |  | | |
| Do you identify as: | | Aboriginal: | | | |  | | | Torres Strait Islander: | | | | | | |  | | | Both: | |  | | | Neither: | |  | |
| Interpreter required: | | Yes | | | |  | | | No | | | | | |  | | Language if Yes: | | | | | |  | | | | |
| Address: | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Best contact Number | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there a family member/support person the young person would like to bring to an appointment? | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Alternative/Emergency contact person | | | | | | |  | | | | | | | | Contact Details | | | | | | |  | | | | | |
| referrer (person completing this referral): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Self-referral from young person: | | | | | | | | Yes | |  | | | | | | | | No |  | | | | | | | | |
| Contact name | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| Position/relationship | |  | | | | | | | | | | Organisation (if applicable): | | | | | | | | | |  | | | | | |
| Best Contact Number | |  | | | | | | | | | | email: | | | | | |  | | | | | | | | | |
| young person’s presenting concerns: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mood disturbance | |  | | | Family difficulties | | | | | | | | |  | | | Intellectual impairment | | | | | | | | |  | |
| Anxiety | |  | | | Relationship issues | | | | | | | | |  | | | Physical illness | | | | | | | | |  | |
| Stress | |  | | | Trauma history | | | | | | | | |  | | | Difficulties with school/work | | | | | | | | |  | |
| Difficulty sleeping | |  | | | Domestic violence | | | | | | | | |  | | | Delusions or odd beliefs | | | | | | | | |  | |
| Eating concerns | |  | | | Bullied/bullying others | | | | | | | | |  | | | Unusual behaviour/speech | | | | | | | | |  | |
| Low self-esteem | |  | | | Body image issues | | | | | | | | |  | | | Functional decline | | | | | | | | |  | |
| Hallucinations (unexplained auditory, visual or other sensory perceptions) | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Drug and alcohol use | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Other | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| risk identified | | | | **details** **and risk management plan** | | | | | | | | | | | | | | | | | | | | | | | |
| Delibrate self-harm | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Suicidal thoughts/behaviours\* | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Harm to others | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| \*Young people who have self-harmed or attempted suicide or are at risk of suicide may be more appropriate for the ATAPS Suicide Prevention Stream, please contact CatholicCare NT www.catholiccarent.org.au / 8944 2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| brief overview of presenting concerns: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Legal status (e.g. Territory Families involvement? Mental Health Act) | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
| primary service being requested: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mild Stream |  | | **Moderate Stream**  **Requires an ATAPS or MHTP from a GP (see footer)** | | | | | | | |  | | **Enhanced Care**  **(see footer if CAMHT is more appropriate)** | | | | | | |  | **Early Psychosis** | | | | | |  |
| The young person is showing symptoms that are relatively recent in onset and may reflect a negative change in functioning or coping skills rather than a pervasive or persistent condition. | | | | | | | | | | | | | The young person requires a flexible case-management approach with an outreach component for complex and emerging mental health issues. | | | | | | | | Young person requires recovery orientated, early intervention services as they may be experiencing a first episode of psychosis or are at risk of experiencing psychotic symptoms. | | | | | | |