**Referral Guidelines**

**ABOUT HEADSPACE GERALDTON**

headspaceGeraldton is a free, youth-friendly and confidential service for young people aged 12 – 25 years.

Lead by Youth Focus, headspace Geraldton, brings together a range of services, to provide a holistic “one-stop-shop” for young people. Atheadspace Geraldton we offer supports and services within the following areas:

|  |  |
| --- | --- |
| * Mental Health (Brief intervention, counselling, telepsychiatry) * Work and Study (Individual Placement & Support program) * Youth Reference Group | * Alcohol & Other Drugs * Physical and Sexual health * Groups |
|  |  |

**PLEASE NOTE:**

**headspace Geraldton is not an acute mental health/crisis service. If you have any immediate concerns regarding the safety/wellbeing of a young person, please call Geraldton Regional Hospital Emergency Department on (08) 9956 2222; Mental Health Emergency Response Line (MHERL) on 1800 555 788; Lifeline on 13 11 14; or Kids Helpline on 1800 55 1800. In an emergency, contact 000 immediately.**

**HOW TO REFER:**

**Self-Referral**

Young people are encouraged to make contact with headspace Geraldton directly.

**By phone/email**

Call (08) 9943 8111 within office hours or email intake@headspacegeraldton.com.au, a worker will contact the young person within a week to make an appointment.

**Drop in**

Young people can call into headspaceGeraldton, 193 Marine Terrace, Geraldton, Monday – Friday. A Walk In Service is available certain days of the week (call us to clarify which days) which can allow young people to see a clinician that day, otherwise the intake team will follow up to book the next available appointment.

**Professional Referral**

GP’s, Allied Health Professionals, community-based agencies and educational institutions can all refer young people to headspace Geraldton using the Referral Form attached. General Practitioners should include a Mental Health Treatment Plan (if appropriate) for the young person and attach this to the headspaceGeraldtonreferral form.

**Family Referral**

Families, carers or friends can refer a young person to headspaceGeraldton in person or by phone/email (see details above). The young person needs to consent to the referral and be willing to access headspaceGeraldton. An intake worker will contact the young person within one week to make an appointment. headspace Geraldton encourages including family/carers in this process wherever possible and beneficial for a young person.

For more information regarding headspaceGeraldton, please contact us directly or visit our website at [www.headspace.org.au/geraldton](http://www.headspace.org.au/geraldton).

**REFERRAL FORM – Please complete all pages**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date of Referral:** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | | **Is client aware of and consent to the referral?**  Yes  No | | |
| **Client Details** | | | | | |
| **Name:** |  | | **DOB:** | \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ | |
| **Pronouns** | She/her  They/them  He/him  Other: | | **Gender** | Male  Gender Diverse  Female | |
| **Phone:** |  | | **Email:** |  | |
| **Address:** |  | | | | |
| **Cultural/**  **Indigenous Identity:** |  | | **Preferred language:** |  | |
| **Emergency Contact Details** | | | | | |
| **Name:** |  | | **Phone:** |  | |
| **Relationship:** |  | | **Email:** |  | |
| **Are they aware of referral?**  Yes  No | | | **Can headspace Geraldton contact this person?**  Yes  No | | |
| **Referrer’s Details** | | | | | |
| **Referrer’s Details:**  Same details as Emergency Contact | | | | | |
| **Name:** |  | | **Relationship / Role & Organisation** |  | |
| **Phone:** |  | | **Email:** |  | |
| **Background Information and Presenting Issues** | | | | | |
| **Reason/s for Referral & Support Required:** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **What does the young person see as the problem? (If different from above)** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Risk – please tick where concerned and provide more detail in box provided** | | Suicide  Non Suicidal Self-Injury (NSSI)  Harm to others  Homelessness  Substance Use/Abuse  Psychosis  Harm from others (including FDV)  Extreme social withdrawal  School avoidance  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **Details of risk concerns:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Previous mental health diagnosis or treatment?** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Other services involved (e.g. GP):** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Other relevant background information:**  **\*PLEASE PROVIDE PREVIOUS ASSESSMENTS OR REPORTS WHERE POSSIBLE** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |