headspace Griffith

REFERRAL FORM

Date of referral: _____

Has the young person consented to this referral being made? Yes ☐ No ☐

If the young person is under the age of 14, have the person's parents or carers given consent? Yes ☐ No ☐

Young person's details:

First name:	Surname:
Date of birth: Age:	Male ☐ Female ☐
Address:	
Postal address : (If different from above)	
Phone number:	
Email address:	

Alternative contact: *Please note we must have at least two ways that we can contact the young person

Name:	Phone:
Relationship to young person:	

Does the young person identify as being Aboriginal? Yes ☐ No ☐

Does the young person identify as being Torres Strait Islander? Yes ☐ No ☐

Does the young person identify as being Aboriginal and Torres Strait Islander? Yes ☐ No ☐

Services I am interested in:

☐ Mental Health Services
☐ Vocational/Educational/Job Seeking
☐ Drug and Alcohol
☐ Doctor (bulk billed with current Medicare card)
☐ Other: _____

Please outline your reasons for referring and support needed:

_____

_____

_____

_____

_____

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Other Services:

Does the young person have a G.P.? Yes ☐ No ☐
G.P. Name: _____
Is the young person linked with any other services? Yes ☐ No ☐
Other Services (schools, FACS etc.) _____
Does the young person have a counsellor?_____ Yes ☐ No ☐
Name: _____
Has the young person accessed counselling sessions in the past year? Yes ☐ No ☐
Date: _____

Risk:

Has the young person deliberately harmed themselves in the past 6 months? Yes ☐ No ☐
Has the young person been admitted to hospital in the last 6 months for a mental health condition? Yes ☐ No ☐
Has the young person thought of ending their life in the past 6 months? Yes ☐ No ☐
*If yes to any of the above questions, Accessline may need to be advised. Careplan to be completed by worker.

Referrer's details:

Referrer's name: _____

Organisation: _____

Relationship to client: _____

Phone number: _____

*Please note: We will liaise with the client from this point, unless consent is provided by the client.

How to submit this form:

In person: Drop into our centre at 1/26 Ulong Street Griffith

Telephone: 02 6962 3277
Fax: 02 6962 6925
Email: enquiries@headspacegriffith.org.au
Mail: P.O. Box 1067 Griffith N.S.W. 2680

Please note: headspace Griffith is not a crisis service
For any immediate concerns please call
Accessline on 1800 800 944 (24 hour service)

Office use only: ☐ Referral entered ☐ Referral scanned ☐ Allocated and date _____
Support numbers provided: ☐ Accessline Ph:1800 800 944 ☐ eheadspace 1800 650 890
☐ kids helpline Ph:1800 55 1800 ☐ lifeline Ph: 13 11 44

Referred to: ☐ **headspace** ☐ **C.A.R.E.S.**

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