

REFERRAL FORM

headspace Maroochydore & Gympie



Referrer Details			
Name		Referral Date	
Service			
Contact Number		Contact Email	

Young Person's Details	
Name	
Date of Birth	
Gender	<i>(male / female / non binary / transgender / prefer not to say)</i>
Preferred Pronouns	
<i>Completion of referral indicates consent for headspace to contact referrer and young person</i>	
Contact Number	Mobile: Consent from young person to send SMS Y / N Voicemail Y / N
Next of Kin	Name: Contact Number: Consent to liaise with NOK: Y / N
Parent/Guardian Consent for young people under 16 years	Name / Contact Details <i>(if different to above)</i> : Y / N

Reason for Referral			
Mental Health	Education Barriers	Conduct Difficulties	Sexuality / Gender
Drug and Alcohol	Employment	Police Involvement	Trauma
Physical Health	Risk of Homelessness	Family Conflict	Relationship Concerns

Additional Referral Information

Risk	
Is the young person currently suicidal?	Y / N <i>If Yes, please refer to Child and Youth Mental Health or Adult Mental Health and/or phone headspace to discuss referral</i>
Are there additional risk areas identified for the young person?	Y / N If Yes, provide additional detail:
Additional Referral/s Made	

headspace National Youth Mental Health Foundation is funded by the Australian Government Department of Health ABN 26 137 533 843

headspace Maroochydore
1/27 Evans St, Maroochydore Q 4558
Ph (07) 5409 4900
Fax (07) 5442 4613
Email – hsmintake@unitedsynergies.com.au

headspace Gympie
1/2-4 Horseshoe Ben, Gympie Q 4570
Ph (07) 5482 1075
Fax (07) 5481 1053
Email – hsmintake@unitedsynergies.com.au