

Please Note: This is a digital form, you can fill in the details straight from the website and then download

PROFESSIONAL REFERRAL FORM

Please return completed referral form to headspace Mildura via:

F: **03 5023 6760**

E: referrals@headspacemildura.com.au

If no acknowledgment receipt is received, please contact Centre Administration on 03 5021 2400

Referral criteria: young person must be aged between **12-25 years** and must give **consent** for the referral.

Has consent been obtained ? **Yes** **No**

(if no, please do not proceed)

Services provided will be inclusive of, and not limited to, early intervention for:

- Mental & Physical health concerns
- Use of alcohol and other substances
- Vocation and Education support

Please note: headspace Mildura is not an acute mental health/crisis service. If you have concerns for the young person's immediate safety, please contact Mildura Base Public Hospital - Mental Health Services Triage on 5022 3500. For urgent medical assistance, please call 000.

REFERRER DETAILS

Name	
Organisation	
Position	
Phone number	
Email	

YOUNG PERSON DETAILS

Full name	
Preferred name	
Date of Birth	Age
Gender	
Pronouns	
Address	
Phone	
Email	
Does the young person identify as:	Aboriginal Torres Strait Islander Other
Preferred language	
Interpreter required:	Yes No

EMERGENCY CONTACT DETAILS (Must be over 18)

Full name	
Relationship	
Phone/Email	
Address	

Is the listed emergency contact aware of this referral? Yes No

Who should headspace Mildura contact to make an appointment?

Young Person Emergency contact Referrer Other

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SERVICE ENGAGEMENT (Please attach applicable documents)

GP Details		
Other organisations (please provide details)		
School based support (SSSO, IEP/ILP, student wellbeing)		
Mental Health Treatment Plan	Yes	No
NDIS Plan	Yes	No
Allergies	Yes	No
Medical history/ Medications (if known)		

GOVERNMENT CARDS

Medicare	Card number	
	Reference	
	Expiry date	
Centrelink (e.g. health care/pensioner)	Reference	
	Expiry date	

REASON FOR REFERRAL Please list reasons for referral and relevant history*

**This referral is to be discussed with the young person and consent must be obtained prior to submission.
Please be advised, headspace Mildura cannot contact the young person without their consent.*

Will you be continuing to support the Young Person after their referral to headspace Mildura? Yes No

Young person's Verbal Consent obtained :

Young person's signature: **Date:**

Referrer signature: **Date:**