**Date \_\_\_/\_\_\_/\_\_\_\_\_\_ Staff \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mastercare # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Referral source:** Young Person [ ]  Family [ ]  Agency [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Referral received by:** Phone [ ]  Onsite [ ]  Email [ ]  Fax [ ]

**Consent - Has the young person agreed to this referral?** (headspace requires young person’s consent) Yes [ ]

**Name of Young Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_**

**Gender Identity:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Sex assigned at birth:** \_\_\_\_\_\_\_\_\_\_\_ **Pronoun:** \_\_\_\_\_\_\_\_\_\_\_\_\_ **Age: ­­­­­­­­­­­­­­­­\_\_\_\_\_**

**Do you identify as:** [ ] Aboriginal [ ] Torres Strait Islander [ ] Both [ ] Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:­­­­­­­­­­­­­­­­ ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Numbers Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact preferences and availability:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Be specific. Do you attend work or school? Can we call while at school? Do they have a preferred day & time for contact?)

**Consent to contact young person via:**

**Text:** Yes [ ]  No [ ]  **Voicemail:** Yes [ ]  No [ ]  **Home Phone:** Yes [ ]  No [ ]

**Mail:** Yes [ ]  No [ ]  **Email:** Yes [ ]  No [ ] ­­­­­­­­­­­­­ **Text Reminders to:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Is Parent/Guardian/Carer aware you are accessing support at headspace?** Yes **[ ]** No **[ ]**

(If under the age of 16 years parent/guardian consent may be required)

**Consent for Parent/Guardian/Carer to schedule or cancel appointments?** Yes [ ]  No [ ]

**Emergency Contact** (Over 18 years of age)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medicare #:** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Reference No: \_\_ Expiry Date: \_\_\_\_ / \_\_\_\_\_\_\_\_ [ ]  On file

**Health Care Card #:** \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ Expiry Date: \_\_\_\_ / \_\_\_\_\_\_\_\_ [ ]  on file

**Do you feel in crisis or at risk of harm to yourself or others? (If yes, transfer to intake)**

**Details of Referrer**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Agency:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Email:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the Young Person have a GP?** Yes [ ]  No [ ]  **If no,** Local GP information provided[ ]

**Can we contact them?** Yes [ ]  No [ ]

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Medical Centre:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current MHCP?** Yes [ ]  No [ ]  Date completed by GP: **\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

**Documents attached:** Referral Letter [ ]  Discharge Summary [ ]  Mental Health Care Plan [ ]  Notes [ ]

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| **Official Document Control** |
| **Version Number** | **Purpose/change** | **Approver**  | **Date** |
| 1 | Revision | Executive Manager | 2/09/2019 |