

# service provider referral form

This form is for referrals from professionals, schools and community agencies.  
We will respond to your referral within 1 week of receipt.

If you need immediate support and you are over 16 years of age please contact Colac Adult and Youth Service on 1300 763 254 Monday to Friday 9am-5pm. For after hours or if you are under 16 years of age contact Barwon Health Child and Youth Triage 1300 094 187. If it's an emergency call 000.

Privacy is important to us, the information on this form will be kept confidential in line with headspace and Barwon Health policies.  
headspace Privacy Policy: [headspace.org.au/privacy-policy](https://headspace.org.au/privacy-policy) Barwon Health Privacy Policy: [barwonhealth.org.au/privacy-policy](https://barwonhealth.org.au/privacy-policy)

If you would prefer to complete a referral over the phone, please call headspace Colac on (03) 5232 5520

## referrer details

referrer name:	referring agency:
referrer phone number:	date of referral:
referrer email address:	

## young person's details

Does the young person consent to the referral at headspace:	yes	no
name:	pronouns:	
gender:	date of birth: (DD/MM/YYYY)	
languages spoken:	Is an interpreter required?	yes no
Are you Aboriginal or Torres Strait Islander?		
yes, Aboriginal	yes, Torres Strait Islander	yes, Both Aboriginal and Torres Strait Islander
no, neither	unsure	prefer not to say

## young person's contact details

street address:			
suburb:		post code:	
Is it okay to send relevant mail to this address?	yes	no	unsure
email address:		phone number:	
contact preference:	phone call	SMS	email

## emergency contact details for young person

emergency contact name:	
emergency contact number:	relationship to the young person:

## further information

reason for contacting headspace Colac: *(please tick all that apply)*

- feeling down or stressed
- wanting to see a GP
- sexual health (including contraception and sexual health checks)
- support with work or study
- alcohol or other drugs negatively impacting your life relationship issues
- troubles with family or friends
- want to talk about sexuality or gender identity
- issues with bullying or harrasment
- physical health issues
- issues with self-harm
- suicidal ideation
- body image or eating
- other

Please add any further information that will support our engagement and service planning process:

Is the young person currently engaged in education, training, or employment?

If yes, can you provide further details?  
*e.g., name of school attending, hours of work per week*

Would the young person like to involve a family member or support person in the next steps of connecting with headspace?

yes      no      unsure

Please save the completed form and email a copy to headspace Colac at: [headspacecolac@barwonhealth.org.au](mailto:headspacecolac@barwonhealth.org.au)

- **Please attach a copy of current mental health treatment plan if available**
- **Please attach any other supporting documents that may be relevant**

**headspace Colac**

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[headspace.org.au/colac](http://headspace.org.au/colac)