**headspace Hobart referral**

headspace Hobart is a mild to moderate early intervention service for young people aged 12-25 years. Referrals outside of this scope will not be accepted. If you have any questions about a potential referral please contact us on 6231 2927 and we can support you through the referral process.

**DATE OF REFERRAL** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Does this young person understand and consent to this referral? | Yes | *If not, the referral can not be accepted. Please get in touch* with *us and we can talk through some other options.* |
| Is the young person between 12 and 25 years of age? | Yes |
| If under 16, are the young person's parents or carers aware of this referral? | Yes |
| Who is the best person to contact about this referral? | YP  Guardian  Referrer | |

Do you have any immediate concerns about the safety of the young person or others? Y  N

headspace Hobart is not an acute mental health service. If you have any immediate concerns for the safety of a young person, headspace Hobart is not an appropriate referral. Please call the Mental Health Helpline on 1800 332 388, direct the young person to the emergency department or call triple 000.

**YOUNG PERSON’S DETAILS**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| First name |  | | | Surname | |  | | | | | Preferred name | | | |  | |
| DOB |  | | | Gender | |  | | | | | Phone | | | |  | |
| If the number above if for another person, what is their name and relationship to the young person (e.g. parent/partner…) | | | | | | | |  | | | | | | | | |
| Street Address | | |  | | | | | | | | | | | | | |
| Can we leave messages on the provided number? | | | | | | Y  N | | | Can we send letters to the provided address? | | | | | | | Y  N |
| Email address | |  | | | | | Medicare Number | | | | | | |  | | |
| Does the young person identify as Aboriginal or Torres Strait Islander? | | | | | | | | | | Y  N  Prefer not to disclose | | | | | | |
| Does the young person have a GP? | | | | | Y  N | Details of GP practice | | | | | | |  | | | |
| Does the young person have a Mental Health Care Plan? (Attach if available) | | | | | | | | | | | | Y  N  Unsure | | | | |

**EMERGENCY CONTACT DETAILS** (Parent or guardian required for young people under 16 years)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name |  | | Phone |  | Email |  |
| Relationship to young person | |  | | | | |
| Street Address | |  | | | | |

**DETAILS OF REFERRER**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | Phone |  | | | Email | |  | | |
| Organisation | |  | | | | Role |  | | | | Fax |  | |
| Street Address | | |  | | | | | | | | | | |
| Will your organisation continue to have involvement with the young person? | | | | | | | | | Y  N | | | | |

**REFERRAL INFORMATION**

|  |
| --- |
| Reason for referral – What are your concerns regarding this young person?  [e.g. Mental health, alcohol and drug use, physical or sexual health, vocational or education support?] |
|  |
|  |
| Please provide details about current or previous risk factors  [e.g. thoughts of suicide, self harm, risk taking behaviours, risk to others, substance use, etc.] |
|  |
|  |
| Please provide details of any mental health or support services that are currently, or have previously, been involved in the care of this young person. |
|  |

**Please fax this completed referral to us on 6231 3908 or email** [**headspace@thelink.org.au**](mailto:headspace@thelink.org.au)

***Please ask the nominated person, family member and/or friend to contact headspace Hobart***

***to arrange an initial appointment to determine a recommended service pathway.***



**Street** 49 Liverpool St, Hobart

**Mail** GPO Box 844, Hobart, TAS 7001

**Tel** 03 6231 28927

**Fax** 03 6231 3908

**www.headspace.org.au/hobart**