



Agency Referral

Date: ___/___/___

Young Person's Details:

Name of Young Person: _____ Date of Birth: ___/___/___

Gender Identity: _____ Sex assigned at birth: _____ Pronoun: _____ Age: _____

Do they identify as: Aboriginal Torres Strait Islander Both Other _____

Address: _____ Suburb: _____

Post Code: _____ Email: _____

Contact numbers: Mobile: _____ Home Phone: _____

Is the young person currently in crisis or at risk to self or others? _____
(headspace is not a crisis response service – consider an alternative referral)

Consent - Has the young person agreed to this referral? (headspace requires young person's consent) Yes

Contact preferences and availability: _____
(Please be specific. Can we call while at school or work? Do they have a day or time that is best for contact)

Consent to contact young person via:

Text: Yes No Voicemail: Yes No Home Phone: Yes No
Mail: Yes No Email: Yes No Txt reminders to _____

Is Parent/Guardian/Carer aware that you are accessing support from headspace Mandurah?

(If under the age of 16 years parent/guardian consent may be required) Yes No

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

Emergency Contact (Over 18 years of age)

Name: _____ Relationship: _____ Contact number: _____

Medicare Information

Medicare No: _____ Reference No: ___ Expiry Date: ___/___/___ On file

NB: If a young person is 15 or over, they can apply for their own Medicare card.

The application form can be found on <http://www.humanservices.gov.au/spw/customer/forms/resources/3170-1308en.pdf>

Referral Source: Young Person Family/Friend Agency Other _____

Details of Referrer Name: _____ Email: _____

Agency/Other: _____ Contact Number: _____

PLEASE FORWARD ANY AVAILABLE DOCUMENTATION

Attached: Referral Letter Discharge Summary Mental Health Plan Notes Assessment

Has the YP received assistance from other mental health services prior to this referral? Yes No

Is the YP currently receiving assistance from another mental health service? Yes No

Details of organisation, contact person and hone details, support received and consent to contact

