

Referral Form for Agencies & Professionals



What does headspace do?

headspace Midland is a *Youth Mental Health service for young people aged 12-25* experiencing mild to moderate mental health difficulties (also known as a Tier 2 service). We offer a variety of support options and can also assist young people with referrals to other services within their community.

What happens after a referral is submitted?

If the young person is better suited to an alternative support option, headspace Midland will notify the referring agency with the recommendations.

If headspace Midland is unable to contact the young person, we will notify the referring agency.

Prior to Completing the Referral

Please tick to acknowledge that you have read the following points prior to completing the referral.

- Young person is aware and consenting to the referral.
- Young person is experiencing mild to moderate mental health difficulties.
- We are a multidisciplinary team and do not accommodate discipline specific requests (e.g., requests for clinical psychologist).
- We do **not** provide psychiatry. *Psychiatry and individual outreach are available through our [headspace Early Psychosis Service](#), [click here for more information](#) or contact them at 9301 8999.*
- We are **not** a crisis service. We aim to attempt to contact the young person within 3 business days of receiving a referral. If an appointment is offered, we endeavour for the young person to be seen within 2-4 weeks. *(Please note wait times vary and are subject to service demand).*

If you are unsure if headspace is the best support option for a particular young person, please contact our triage officer on 9274 8860 to discuss support options.

Young Person's Details

Referral Date:

Legal Name: _____ Preferred Name: _____

Date of Birth: _____ Pronouns: _____

Sex: _____ Gender: _____

Phone: _____ Email: _____

Address: _____

Medicare: Card Number: _____ Index: _____ Expiry: _____ / _____

Does young person identify within the LGBTQIA+ community (Lesbian / Gay / Bisexual / Transgender / Queer or Questioning / Intersex / Asexual/ Other)? No Yes Unknown

Cultural Identity: Aboriginal Torres Strait Islander Both Neither

Another Culture:

Young Person's Consent

Is the young person aware and consenting to this referral being made?

Yes No

(headspace requires the young person's consent, the referral will not proceed without consent)

Emergency Contact / Next of Kin / Guardian Details

Name: _____ Relationship: _____

Phone: _____

Does the young person live with this person? Yes No

Can this person schedule/cancel appointments? Yes No

Is this person aware that the young person is accessing headspace Midland? Yes No

(If the young person is under the age of 16, parent/guardian consent may be required)

Referrer Details

Referral Source: Young Person Family / Friend Agency GP Other

Name: _____ Phone Number: _____

Organisation: _____ Email: _____

Is young person currently admitted to hospital? Yes No

If Yes, when is their estimated discharge date? Please consider phoning triage to discuss suitability of referral prior to completing. EDD:

Is young person receiving support from another mental health service? Yes No

Name of Service: _____

Have you referred young person to any other service? Yes No

Name of Service: _____

**Please note psychiatry at headspace Midland is only available for young people accessing the headspace Early Psychosis Service. [Click here for more information.](#)*

Presenting Concerns

- | | | |
|--|--|--|
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Situational | <input type="checkbox"/> Social support |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Home or environment | <input type="checkbox"/> Friendships |
| <input type="checkbox"/> Sexual health | <input type="checkbox"/> Family support | <input type="checkbox"/> Relationships / Sexuality |
| <input type="checkbox"/> Alcohol and drugs | <input type="checkbox"/> Eating | <input type="checkbox"/> Vocational / Educational |

Please elaborate (include duration):

Relevant Background Information

Previous mental health diagnosis/treatments and other relevant background information:
(diagnosing or treating practitioner, dates, interventions, medications)

Other relevant information:
(physical health concerns, developmental or learning disabilities, family history)

Supporting Documentation

Please forward any available relevant documentation.

- Attached:** Referral Letter Discharge Summary Mental Health Care Plan Other

Risk Concerns

Please select all that indicate any known risk concerns:

Risk	Current (within past month)	Recent (within 6 months)	Historical (6 months +)
Non-suicidal self-injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide ideation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suicide attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Substance use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of harm <i>to</i> others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of harm <i>from</i> others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychosis/mania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please elaborate if current:

Once completed, please forward this form and all supporting documentation to headspace Midland via fax (08) 9274 8859 or email reception@headspacemidland.com.au.

Please note that **headspace Midland** does not provide crisis or acute care mental health services. For mental health emergencies contact the Mental Health Emergency Response Line on 1300 555 788.

We are unable to provide psychological assessments or reports for another purpose (e.g., in relation to Workers Compensation, Centrelink or Court matters). For further information, please contact **headspace Midland** by calling (08) 9274 8860 or emailing reception@headspacemidland.com.au.