



Referral Guidelines

headspace Albury Wodonga is a free, youth service for young people aged 12-25 years.

Together with Gateway Health as our lead agency and 9 local cross border agencies, we offer the following supports and services:

- General Practitioner appointments with Gateway Health Medical Practice (one appointment is reserved exclusively for headspace each day)
- MBS (Under GP Mental Health Treatment Plans)
- Youth Workers Care Co-Ordination
- Education and Job Seeking support and information
- Youth Generalist Counsellors
- Alcohol and other Drug Support Counsellors
- Sexual Health Clinic
- Community engagement, education and awareness
- Access to support around housing
- Centrelink Support Services
- Dietician

PLEASE NOTE: headspace Albury Wodonga is not an acute mental health/crisis service. If you have any immediate concerns regarding the safety and wellbeing of a young person please contact one of the following services for assistance; Mental Health Triage Services Victoria 1300 881 104, NSW Access Line 1800 800 944, Lifeline 13 11 14, Kids Helpline 1800 55 1800.

In an emergency please call 000 immediately.

REFERRAL SOURCES

Self-referral – Young people are encouraged to make contact with headspace Albury Wodonga directly.

Family referral – Families, carers or friends can refer a young person to headspace Albury Wodonga. The young person needs to be aware of and consent to the referral and be willing to meet with a member from the headspace Albury Wodonga team.

By phone/email – Call (02) 6055 9555 Please ask to speak to our duty worker and if a worker is not available someone will contact the young person within 2 business days during office hours, an answering service is available after hours, and an email referral can also be sent to headspaceAW@gatewayhealth.org.au. Please save the document as an encrypted PDF in word. It is best to ring through the password to ensure the young persons' details remain confidential

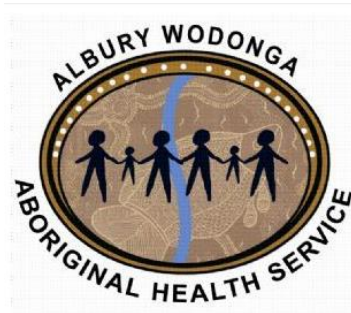
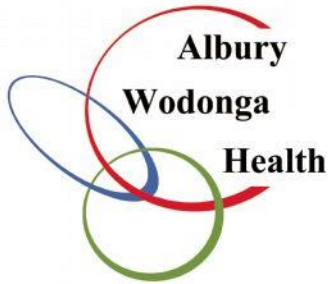
Drop in – Young people can call into the Albury Wodonga Centre 9am-5pm Monday – Friday. Staff will endeavour to see the young person on the day or the next available appointment will be offered.

Professional referral – General Practitioners, Allied Health Professionals, and community based agencies and educational institutions can refer to headspace Albury Wodonga using the attached referral form.

headspace Albury Wodonga
155 High Street Wodonga Victoria 3690
Phone (02) 6055 9555 Fax (02) 6024 5792
Email headspaceAW@gatewayhealth.org.au



headspace is proudly delivered in partnership with the following affiliates:



For additional information regarding headspace Albury Wodonga, please contact the centre directly on **(02) 6055 9555** or visit our website www.headspace.org.au/alburywodonga



Referral Form

Please ensure all sections are completed and legible. This form can be faxed to (02) 6024 5792, emailed to headspaceAW@gatewayhealth.org.au, or sent via post to 155 High Street, Wodonga VIC 3690.

headspace Albury Wodonga is a voluntary service for young people aged 12-25 years of age. Headspace can only engage with the young person if they have consented to the referral.

Has the young person consented to the referral? Yes No
 Is the young person aged 12-25 years of age? Yes No

Details of Young Person

If the young person is under 16 years of age, have the parents or carers of the young person consented to the referral? Yes No

Please provide details?

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Surname		First Name	
Gender	Preferred Pronoun		
Date of Birth			
Address			
Suburb		Postcode	
Phone (Home)		Mobile	
Email			

Preferred method of communication? Phone (Home) Email Mobile SMS

Do you Identify as	<input type="checkbox"/> Aboriginal	Nationality	
	<input type="checkbox"/> Torres Strait Islander	Preferred Language	
	<input type="checkbox"/> Aboriginal & Torres Strait Islander	Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Would you prefer an Albury Wodonga Aboriginal Health Service worker? Yes No

Emergency Contact

Name		Relationship to young person	
Address			
Suburb		Postcode	
Phone (Home)		Mobile	



Reason/s for Referral			
<input type="checkbox"/> Wellbeing and Mental Health		<input type="checkbox"/> General or Sexual Health	
<input type="checkbox"/> headspace in schools		<input type="checkbox"/> Other	
<input type="checkbox"/> Alcohol and other Drugs		<input type="checkbox"/> Work, School, Study	
Please specify			
Main issue/s			
Relevant past history			
Does the young person currently see any other services? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please tick appropriate box/boxes			
<input type="checkbox"/> Drug and Alcohol		<input type="checkbox"/> School/Other Counsellor	
<input type="checkbox"/> CAMHS/NECAMHS		<input type="checkbox"/> Adult Mental Health	
<input type="checkbox"/> Child Protection		<input type="checkbox"/> Other	
<input type="checkbox"/> Community Services		<input type="checkbox"/> Youth Justice/Juvenile Justice (VIC & NSW)	
Service			
Does the young person have a regular GP? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide details below			
Name of GP		Contact Details	
Name of Service Provider		Phone	
Is the other service aware of the referral to headspace? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Will the services involved continue working with the young person? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What are your expectations of headspace Albury Wodonga ?			
Details of Referrer			
Name of Referrer		Organisation	
Address			
Suburb		Postcode	
Phone (Business Hours)		Phone (Mobile)	
Email			
Relationship to young person			



Please tick relevant risk and protective factors

Risk	Protective
Individual	
<input type="checkbox"/> Low self esteem	<input type="checkbox"/> Social competence- ability to relate and work with others
<input type="checkbox"/> Poor social skills	<input type="checkbox"/> Problem solving skills
<input type="checkbox"/> Poor problem solving	<input type="checkbox"/> Optimism- hopefulness, confidence
<input type="checkbox"/> Difficult temperament	<input type="checkbox"/> Positive coping style
<input type="checkbox"/> Birth injury/ disability	<input type="checkbox"/> School achievement Healthy physical environment
School	
<input type="checkbox"/> School failure/ drop out	<input type="checkbox"/> Pro-social peer group- positive, supportive
<input type="checkbox"/> Bullying	<input type="checkbox"/> Positive achievement and sense of belonging
<input type="checkbox"/> Peer rejection	<input type="checkbox"/> Opportunities for participation and success
<input type="checkbox"/> Deviant peer group	
Family	
<input type="checkbox"/> Family conflict / breakdown	<input type="checkbox"/> Supportive parents/ carers
<input type="checkbox"/> Inconsistent discipline	<input type="checkbox"/> Secure and stable family
<input type="checkbox"/> Lack of warmth and affection	<input type="checkbox"/> Supportive relationships with other adults
<input type="checkbox"/> Abuse and neglect	<input type="checkbox"/> Attachment to family
<input type="checkbox"/> Parental substance abuse	
Community	
<input type="checkbox"/> Socio-economic disadvantage	<input type="checkbox"/> Sense of belonging
<input type="checkbox"/> Exposure to violence and crime	<input type="checkbox"/> Access to support services
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Participation in community i.e. sports, groups
<input type="checkbox"/> Refugee experience	<input type="checkbox"/> Strong cultural identity / pride
<input type="checkbox"/> Racism / discrimination	<input type="checkbox"/> Secure home/ housing