

headspace Referral Form



Please send the completed referral form via email or fax.
Email: headspacebundaberg@youturn.org.au
Fax: 4152 6602

Referrer Type (Please Tick)

- Self
- Parent/ Guardian/Friend
- GP/ Health Care Provider
- Other

Referrer Details

| | | | |
|----------------|--|------------|--|
| Contact name | | | |
| Phone | | Fax | |
| Postal Address | | | |
| Email Address | | | |
| Organisation | | Department | |

Young Person Details

| | | | | |
|---|---|---------------|--|---|
| Name | | Date of Birth | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> _____ |
| Aboriginal <input type="checkbox"/> Yes <input type="checkbox"/> No | Torres Strait Islander <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Address | | | | |
| Medicare Number | | | | |

Contact details for: Young person or Parent/Guardian

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|--|--|--|--|
| Phone number | | Email address | |
| Can headspace leave a voicemail on this phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Can headspace text this number? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Can the parent/guardian be contacted regarding this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Parent/Guardian name: _____ Contact number: _____ | |
| Is the young person aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No | | For young people under 16 years of age is the Parent/ Guardian aware of this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does the young person consent for feedback to be given to the referrer? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Reason for Referral

- Mental Health support
- Education or employment Issue
- Alcohol and other drugs support
- Physical or sexual health

Additional Information

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Do you believe that this young person is currently at risk? Yes No

If yes, what are the known risks to themselves/others/staff?

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Please note: We are not an emergency service. If the young person needs immediate assistance, please call 000 or report to the nearest hospital emergency department.