Referral Form

Please fax to (02) 6652 7379
or email to referrals@genhealth.org.au

headspace Coffs Harbour is not a crisis service.
For all immediate support, please call the
Mental Health Access Line: 1800 011 511

We provide early intervention for young people
aged 12 – 25 years experiencing mild to moderate mental health concerns.
Referrals will be reviewed by our Youth Access Team within
5 working days and the preferred contact person will be contacted.
Please complete as much of this form as you can. We can help fill out any missing information when we contact you.

Date of referral ____/____/____	Has the young person been a client at headspace Coffs Harbour before? ☐ Yes ☐ No ☐ Don't know
Has the young person agreed to this referral? ☐ Yes ☐ No (consent of the young person is **required**)	
If the young person is under 16 years, are the parents/carers aware of referral? ☐ Yes ☐ No ☐ N/A	

Details of Young Person	
Name:	Preferred name:
Date of birth:	
Address:	☐ Homeless
Phone:	Can we use SMS? ☐ Yes ☐ No
Who would you like us to contact to make appointments for you? Me ☐ Someone else ☐ Their name and phone number	
Email:	
Aboriginal or Torres Strait Islander (TSI): ☐ Aboriginal ☐ TSI ☐ Both ☐ Not Indigenous	

Emergency contact (in case we can't reach the young person)	
Name:	Relationship to young person:
Address:	
Phone:	

Details of Referrer- If you are completing this form for yourself you don't need to fill this in	
Referred by (Name):	
Relationship:	Organisation:
Address:	
Phone:	Fax:
Email:	

Additional Supports
Does the young person have a regular GP? ☐ Yes ☐ No ☐ Unknown
GP Name and Practice details:
Does the young person have a mental health care plan? ☐ Yes (please attach) ☐ No ☐ Unknown
Is the young person engaged with any other services? (e.g., school counsellor, psychiatrist, paediatrician, disability support, housing, employment service etc.)

Referral details: Please describe the reasons for the referral below

Type of service(s) needed, if known.

☐ Mental Health ☐ Physical Health ☐ Drug and Alcohol ☐ Vocational Support ☐ Sexual Health and Wellbeing
☐ Other _____

Thank you for completing this referral