



headspace Coffs Harbour Referral Form



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

headspace Coffs Harbour is not a crisis service.

headspace Coffs Harbour provides early intervention for young people aged 12 – 25 years experiencing, or at risk of experiencing, mild to moderate mental health concerns.

Referrals will be reviewed by the **headspace** Coffs Harbour Youth Access Team within 5 working days and the preferred contact person (page 1) will be contacted.

For all immediate mental health concerns, please call
Mental Health Access Line: 1800 011 511

Date of referral ___/___/___ day month year	Has the young person been a client at headspace Coffs Harbour before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
Has the young person agreed to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No (consent of the young person is required)	
If the young person is under 16 years, are the parents/carers aware of referral? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Details of Young Person	
Name:	Preferred name:
Date of birth:	Age:
Address:	<input type="checkbox"/> Homeless
Phone:	Can we use SMS? <input type="checkbox"/> Yes <input type="checkbox"/> No
Email:	
Gender Identity:	Birth sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Aboriginal or Torres Strait Islander (TSI): <input type="checkbox"/> Aboriginal <input type="checkbox"/> TSI <input type="checkbox"/> Both <input type="checkbox"/> Not Indigenous	
Is the young person a student? <input type="checkbox"/> Yes <input type="checkbox"/> No	School / University and year:

Preferred Contact Person	
Name:	Relationship to young person:
Address:	
Phone:	

