Please email to headspacedarwin@anglicare-nt.org.au orfax08 8931 5995 (fax) or you can call us at headspace Darwin on 08 8931 5999

|  |  |
| --- | --- |
| date of referral: |  |

|  |
| --- |
| young person’s details:  |
| Name:  |  | Date of birth: |  | Gender: |  |
| Do you identify as:  | Aboriginal:  | [ ]  | Torres Strait Islander:  | [ ]  | Both:  | [ ]  | Neither:  | [ ]  |
| Interpreter required:  | Yes  | [ ]  | No  | [ ]  | Language if Yes:  |  |
| Address:  |  |
| Best contact Number |  |
| Is there a family member/support person the young person would like to bring to an appointment? |
|  |
| Alternative/Emergency contact person |  | Contact Details |  |
| referrer (person completing this referral): |
| Self-referral from young person:  | Yes  | [ ]   | No  | [ ]  |
| Contact name |  |
| Position/relationship |  | Organisation (if applicable):  |  |
| Best Contact Number |  | email: |  |
| young person’s presenting concerns: |
| Mood disturbance  | [ ]  | Family difficulties | [ ]  | Intellectual impairment | [ ]  |
| Anxiety | [ ]  | Relationship issues | [ ]  | Physical illness | [ ]  |
| Stress | [ ]  | Trauma history | [ ]  | Difficulties with school/work | [ ]  |
| Difficulty sleeping | [ ]  | Domestic violence  | [ ]  | Delusions or odd beliefs | [ ]  |
| Eating concerns | [ ]  | Bullied/bullying others | [ ]  | Unusual behaviour/speech | [ ]  |
| Low self-esteem | [ ]  | Body image issues | [ ]  | Functional decline | [ ]  |
| Hallucinations (unexplained auditory, visual or other sensory perceptions)  |  |
| Drug and alcohol use |  |
| Other |  |
| risk identified | **details** **and risk management plan** |
| Delibrate self-harm |  |
| Suicidal thoughts/behaviours\* |  |
| Harm to others |  |
| \*Young people who have self-harmed or attempted suicide or are at risk of suicide may be more appropriate for the ATAPS Suicide Prevention Stream, please contact CatholicCare NT www.catholiccarent.org.au / 8944 2000 |
| brief overview of presenting concerns: |
|  |
| Legal status (e.g. Territory Families involvement? Mental Health Act)  |  |
|  |  |
| primary service being requested: |
|  |
| Mild Stream  | [ ]  | **Moderate Stream**  **Requires an ATAPS or MHTP from a GP (see footer)** | [ ]  | **Enhanced Care**  **(see footer if CAMHT is more appropriate)** | [ ]  | **Early Psychosis**   | [ ]  |
| The young person is showing symptoms that are relatively recent in onset and may reflect a negative change in functioning or coping skills rather than a pervasive or persistent condition.  | The young person requires a flexible case-management approach with an outreach component for complex and emerging mental health issues. | Young person requires recovery orientated, early intervention services as they may be experiencing a first episode of psychosis or are at risk of experiencing psychotic symptoms. |