

## Referral Form- For External Services

Once completed please email to: [hs.dubbo@marathonhealth.com.au](mailto:hs.dubbo@marathonhealth.com.au)

- Does the young person (YP) consent to this referral? Yes
- Is the YP between 12 and 25 years of age? Yes
- If under 16 years, are the parents/carers aware? Yes

*If not, the referral cannot be accepted. Get in touch and we'll talk you through some other options.*

**Do you believe this young person is at risk of harm to themselves or other people?**  Yes  No

**headspace** is an early intervention and prevention service. If the young person is at risk of harm to themselves or to someone else, they are not suitable for **headspace** services. Please either contact the Mental Health hotline on 1800 011 511 (24 hours) for appropriate services, take them to your nearest hospital or call 000.

Name		
Preferred name-if different to above		
Date of Birth		
Pronouns		
Address		
Who with?	<input type="checkbox"/> At home with family <input type="checkbox"/> Living alone <input type="checkbox"/> Staying with partner <input type="checkbox"/> Homeless <input type="checkbox"/> Refuge <input type="checkbox"/> Supported accommodation	
YP Phone Number		
Email (optional)		
Name of parent/Carer (optional)		Parent/Carer number:
Name of emergency contact: (If different from above)		Emergency contact number:

<b>Medicare No:</b>	
<b>Ref No (number next to your name):</b>	<b>Exp Date:</b>
<b>Health Care Card (if applicable)</b>	
<b>Card Number:</b>	<b>Exp Date:</b>

**We use SMS messages to send reminders of appointment times and will send you a link to a survey before each appointment which we ask you to complete. We will also send a follow up SMS 3 months post closure with headspace Dubbo.**

**Please indicate the mobile number you would prefer us to use, ie this could be your own or your parent/carer mobile:**

Mobile Phone Number	Name	
Home Phone	Yes	No
Can we also contact you by?		
Mobile	Yes	No
Email	Yes	No
Can we send mail to your home address?	Yes	No

**Is YP of Aboriginal or Torres Strait Islander background?** Yes  No

**Is YP from a Culturally and Linguistically Diverse background?** Yes  ..... No

**Who is the best person to contact about this referral?** YP  Parent/Guardian  Referrer

**Is YP at school, TAFE, University or working?** Yes  No

<i>Where?</i>	<i>Year / Level?</i>
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1. What has led to this referral to **headspace**? What are the current concerns?

2. Are there any indications of self harm for the young person? Yes  No

Is the young person having any thoughts of suicide? Yes  No

Do you believe the young person is currently at risk of harm to themselves/other people? Yes   
No

<p>3. Has the young person ever experienced issues of domestic violence? Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>4. Anything else happening that might be affecting the YP? (e.g. family issues, exam stress, issues with friends or relationships)</p>
<p>5. Anything from the past that might be affecting the YP now?</p>
<p>6. Any previous mental health support/treatment, counselling, medication or diagnoses?</p>
<p>7. What does the YP feel would be useful about coming to headspace, what are their goals? How motivated are they to come?</p>
<p>8. Any other information that may be relevant? (e.g. family history of mental health issues, court involvement, intellectual disability, physical disability)</p>

9. Preference of	<input type="checkbox"/> Phone appointment
or	<input type="checkbox"/> Face to face appointment in centre

**Referrer details**

<i>Name</i>	<i>Organisation</i>
<i>Position</i>	<i>Best contact number</i>
<i>Email</i>	<i>Address</i>

**Does YP have a GP?** Yes  No

<i>GP Name</i>	<i>Medical Centre / Practice</i>
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**Is there a current Mental Health Treatment Plan?** Yes  No

**Does the YP have an NDIS plan?** Yes  No

**Any other workers/services involved?**

<i>Name</i>	<i>Position / Organisation / Contact number</i>
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*Headspace use only*

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_ Clinician: \_\_\_\_\_.

SRI noted in file title: Yes  No  N/A

Escalated to Senior Clinical/Lead: Yes  No  N/A