headspace Grafton Referral Form

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

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headspace Grafton is not a crisis service.

headspace Grafton 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 Grafton 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 Grafton 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:	Age:
Address:	☐ Homeless
Phone:	Can we use SMS? ☐ Yes ☐ No
Email:	
Gender Identity:	Birth sex: ☐ Female ☐ Male
Aboriginal or Torres Strait Islander (TSI): ☐ Aboriginal ☐ TSI ☐ Both ☐ Not Indigenous	
Is the young person a student? ☐ Yes ☐ No	School / University and year:

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

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Details of Referrer	
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:

☐ Mental Health ☐ Physical Health ☐ Drug and Alcohol ☐ Vocational Support ☐ Sexual Health and Wellbeing
☐ Other_____

Thank you for completing this referral

Please fax to 02 6642 7391 or email to hgreferrals@genhealth.org.au

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within 5 working days of receipt and the preferred contact person (page 1) will be contacted.

Form completed by: