

Are there any identifiable risk factors? (e.g. thoughts of suicide, self-harm, risk-taking behaviours, harming others)

Has anything else happening that might be affecting the young person? (e.g. family issues, exam stress, issues with friends or relationships)

Anything from the past that might be affecting the young person now?

Any previous mental health support/treatment, counselling, medication or diagnoses?

What does the young person feel would be useful about coming to headspace? How motivated are they to come?

Any other information that may be relevant? (e.g. family history of mental health issues, court involvement, disability)

Consent....

Please note that for headspace Lithgow to accept this referral:

- The young person is aged between 12 and 25 years of age
- The young person consents to this referral
- We require consent of the young person or parent/guardian if under the age of 16.

If this is not possible, please get in touch and we'll talk you through some other options.

I am aware of and consent to this referral being made.
I understand that I can withdraw from this referral or from the service at any time.

Client name

Client signature

Date

Parent/Guardian name

Parent/Guardian signature

Date

Referrer name

Referrer signature

Date