**Young Person (Client) Details Date:**

Name: …………………..……………………………………… Age: ……… DOB: .…./.…./.…….

Gender Identity:………………………………….Sex assigned at birth:……. Pronoun: ………....

Cultural Identity: Aboriginal [ ]  Torres Strait Islander [ ]  Both [ ]  Other [ ]  ……………...

Country of Birth: …………………… Pref. Language: ………………Interpreter: Yes [ ]  No [ ]

Address:­­­­­­­­­­­­­­­­ ­………………………………………………………. Suburb:……………………………..

Post Code:………….. Email: …………………………………………………………………………

Mobile: ………………………………………………… Home Phone: ……………………………...

**Is the young person currently in crisis or at immediate risk to self or others?** ………… (headspace is not a crisis response service – consider an alternative referral if immediate support required)

**Has the young person agreed to this referral?** (headspace requires young person’s consent) Yes [ ]

**Consent to contact young person via:**

Text: Yes [ ]  No [ ]  Voicemail: Yes [ ]  No [ ]  Home Phone: Yes [ ]  No [ ]
Mail: Yes [ ]  No [ ]  Email: Yes [ ]  No [ ] ­­­­­­­­­­­­­ Txt reminders to: …………………

**Is Parent/Guardian aware that you are accessing support from headspace Midland?**

 (If under the age of 16 years parent/guardian consent may be required) Yes [ ]  No [ ]

**Consent for Parent/Guardian to schedule or cancel appointments?** Yes [ ]  No [ ]

Lives with: …………………………........NOK/Other contact person: …………….………………

NOK Relationship: ………..…………………. NOK Ph: .….……….………………………………

Educational Status:……………………………… School/Institution:………………………………

Usual Occupation: ……………………………….Employment Status: ………………..………….

If no longer at school/work, how long has this been the case? ………………....……………….

Is the person on any Centrelink payments (if so please list): …………………………………….

**Referrer Details**

**Referral Source:** Young Person [ ]  Family/Friend [ ]  Agency [ ]  Other:…………………

Name: …………………………….................... Job Title: ……………………..……………………

Organisation/Service: ………………………………………............ Ph: ………………………….

Fax: ………….……………….. Email: ………………………………………………………………..

**Presenting concerns (Include duration)**

Mental Health [ ]  Physical Health [ ]  Sexual Health [ ]  Alcohol and Drugs[ ]

Situational [ ]  Vocational/Education [ ]  Social Support [ ]  Family Support [ ]

Eating [ ]  Home/Environment [ ]  Friendships [ ]  Relationships/Sexuality[ ]

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**Risk Assessment**

Harm to self/others [ ]  Suicide ideation/attempts [ ]  Neglect/abuse [ ]  Homelessness [ ]

Substance use/abuse [ ]  Extreme social withdrawal [ ]  Psychosis/ mania [ ]

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**Relevant background information:**

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**Previous mental health diagnosis / treatment:** (By whom / dates / medications / include any developmental disabilities):

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**Does the Young Person have a GP and is it OK to contact them?** Yes [ ]  No [ ]

GP:………………............. Medical Centre:……………………………….Phone: ……………......

Current MHCP? Yes [ ]  No [ ]  Date completed by GP…../……/……..

Current Medication? Yes [ ]  No [ ]  Details: ……………………………………

**PLEASE FORWARD ANY AVAILABLE DOCUMENTATION**

**Attached:** Referral Letter [ ]  Discharge Summary [ ]  Mental Health Plan [ ]  Notes [ ]

Is the YP currently receiving assistance from another mental health service? Yes [ ]  No [ ]

Have you referred this young person to any other service? Yes [ ]  No [ ]

Details of other referrals or current mental health service involvement: (contact person and phone details, support received and consent to contact):………………………………………....................................

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

**Please forward completed form and all supporting documentation to headspace Midland by fax**

**(08) 9274 8859 or email** **primary.referrals@headspacemidland.com.au****.**

All referrals will be considered, however if the young person is better suited to an alternative support option, **headspace** Midland will attempt to notify the referring agency with the recommendations. On receipt of this referral, **headspace** Midland will contact the young person to discuss support options. If **headspace** Midland is unable to contact the young person, they will notify the referring agency. Please note that **headspace** Midland does not provide crisis or acute care mental health services. For mental health emergencies contact the Mental Health Emergency Response Line on 1300 555 788. We are unable to provide psychological assessments or reports for another purpose (e.g. in relation to Workers Compensation, Centrelink or Family Court matters). If you need further information, please contact **headspace** Midland on (08) 9274 8860.