COMMUNITY REFERRAL FORM

To complete a **headspace** Mount Isa referral, please provide the following information and fax to **07 4437 1399** or email to (reception@headspacemtisa.org.au) and we will follow-up with receipt of referral. Alternatively, please call **4437 1300** or please visit **1 / 2 West Street**.
Referral criteria – 12-25 years old for early intervention service. This is not an acute service.

Date of Referral:				
Referral Type: ☐ Walk in ☐ Phone ☐ e-Referral ☐ Email ☐ Fax	**Referral Source:** ☐ Self ☐ Friend/Family ☐ Other service (*please specify*)_____ ☐ School ☐ Clinical ☐ Other (*Please specify*)_____			
Client Details:				
Name:	DOB:		Gender:	☐ Male ☐ Female ☐ Intersex ☐Transgender ☐ Other_____
Address:	Phone: Mobile:		Ethnicity:	☐ Aboriginal ☐ Torres Strait Is. ☐ Australian Caucasian ☐ Other: Please specify _____
Referrer's Details:				
Name:	Position:		Phone/Mob:	
			Fax:	
Organisation(if applicable):	Address:		Email:	

Reason/s for Referral: (*Please circle one or more from below)*

Clinical – Mental Health *Drug and Alcohol* *School/Work* *General Health*

Is the client linked with other services? ☐ YES ☐ NO	If "Yes", please provide details: _____

How did you find out about this service (please circle)?

Family/Friends	Internet	Community Service	Radio	Health Professional
Newspaper	School/Uni/TAFE	Other Services	Presentations	GP
TV	Walked Past	Pamphlets	Psychiatrist	Event_____Other_____

CLIENT CONSENT

This referral must be discussed with the client. **headspace** Mount Isa is unable to contact them without their consent.

Do you have the client's consent for this referral? ***(Please have the client sign below)*** ☐ Yes ☐ No

If under 14 years of age, are the parents/carers aware of this referral? ☐ Yes ☐ No

Client signature: _____ Date: _____

Referrer's signature: _____ Date: _____

Please note: **headspace** Mount Isa will contact the referrer to advise of the young person's **attendance** or **non-attendance** at **headspace** Mount Isa. Specific details of the outcome of the contact will not be discussed unless the young person has provided their consent to release of information.