



Service access information:

- Do you have an existing GP?  Yes  No \_\_\_\_\_
- Are you linked with any other services?  Yes  No \_\_\_\_\_
- Do you have an existing counsellor?  Yes  No \_\_\_\_\_
- Do you have an existing MHTP?  Yes  No \_\_\_\_\_
- Have you accessed any FPS sessions this calendar year?  Yes  No \_\_\_\_\_

Risk:

- Have you deliberately harmed yourself?  Yes  No
- Have you been admitted to the hospital in the last 30 days for Mental Health?  Yes  No
- Have you thought of ending your life?  Yes  No
- \*If yes to any of the above – Mental Health Line must be advised of.  Yes  No

Referrer’s details:

- Has the young person consented to this referral being made?
- If the young person is under the age of 14, have the person’s parents or carers given consent?

Name: \_\_\_\_\_

Organisation: \_\_\_\_\_

Relationship to Client: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

\*Please Note; we will continue to liaise with the client from this point, unless consent is provided from the client.

How to submit this form:

- In Person: Drop into our centre (2/185 Morgan Street, Wagga Wagga)
- Phone: (02) 6923 3170
- Fax: (02) 6923 3145
- Email: my.headspace@mml.org.au
- Mail: PO BOX 5693, Wagga Wagga BC, NSW 2650

**Please note: This service is not a crisis service.**

**For any immediate concerns please call Mental Health Line on 1800 011 511**

**This is a 24 hour telephone service.**

Office Use Only:  Referral Entered  Referral Scanned  Client Allocated & Date: \_\_\_\_\_