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| **Today’s date:** |  |

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| **Your Name:** |  | | **Your Relationship to Young person:** |  |
| **Your Phone number:** | |  | | |
| **Your Email Address:**  **Can we send you emails/some resources?** Yes No | |  | | |
| **Does the YP know you are contacting us today?**  Yes No | | **Options:**  Can the referrer get consent and will the YP be willing to attend? Parent to call back once spoken to YP and screening appt can be booked  Referrer needs to talk to intake/YCC to discuss whether the YP is ready to access services or not, discuss ways we might engage their YP, how the referrer can be supported to care for their YP, or how to encourage their YP to engaged with headspace. Book in PC for parent. | | |
| If no, **STOP**… Family/Friends can make an appt on behalf of a YP, **only** if the YP consents to the appt. | |

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| **Young Persons Name (preferred):** |  | | | | | |
| **Age:** |  | | **DoB:** | |  | |
| **Gender:** |  | | **Pronouns:** | |  | |
| **Does the YP identify as:** | Aboriginal  Torres Strait Islander  Both  Non-Indigenous  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Language other than English spoken at home:** | |  | | **Interpreter needed?** | |  |
| **YP Home Address:** |  | | | | | |
| **Who do they live with?** | At home with family  Living alone  Homeless  Staying with friends  supported accommodation  Refuge | | | | | |
| **YP email**: |  | | | | | |
| **YP mobile no:** |  | | | | | |

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| **What services would you like your young person to access?** *Please circle* | | | |
| Mental health wellbeing | Alcohol & another drug support | Physical and/or sexual health support | Work and Study support |
| (Yes / No / Unsure) | (Yes / No / Unsure) | (Yes / No / Unsure) | (Yes / No / Unsure) |

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| **What do you hope headspace Lithgow can support you with?**  **What do you feel would be useful about your young person coming to headspace?** |  |
| Are you at risk of hurting/harming yourself or others?  EG: Thoughts of suicide, self-harm, risk-taking, harming others | No  Yes – can you tell us anymore? |

**Office Use Only……**

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| **Completed by:** |  | | | |
| **SRI identified?**  **Plan:**  **Intent:**  **Safety Factors:**  **Most recently:**  **Frequency:** | No  Yes – get further info from YP | | | |
| **Urgent risk**  Yes  No | If yes  Step 1: **Immediately notify and/or escalate to Senior Clinician**  Step 2a: **(on phone) Conversation with YP:** Confirm present location. Ask if they are with someone right now and if we are ok to contact a friend/family/supporter? Ask if they are concerned/reluctant regarding calling 000, and/or going to the hospital. If so, discuss headspace making contact on their behalf for emergency services.  **Step 2b: (In person)**: can we book in for a risk assessment and safety plan today with intake/YCC??? | | | |
| **1800 011 511 no. given:** | | Yes  No | **Hospital/000 info given:** | Yes  No |
| **Other:** | | Yes  No | **Info given to contact GP:** | Yes  No |
| **Notes:** |  | | | |

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| **Appt date:** | **Appt time:** | **Appt type:**(person/phone/telehealth) | **Who will be attending appt:**  (eg family/friend) | **Clinician:** |
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| **Informed of headspace Location:** | ☐Yes   ☐No | **Ask to arrive 10 mins early:** | ☐ Yes   ☐ No |

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| YP created on HAPI  Complete | File named on Mastercare as SRI:  Yes  No  SRI (suicide risk identified) relates to *current* suicidal thoughts or behaviour at point of referral (not historic), It does not include non-suicidal self-harm; and the client must receive a service contact within 7 days of referral. |
| Create an OoS for 1st contact  Complete |
| Client created on MC  Complete |
| Welcome email sent to FnF or pack given in person & added to MC   Complete |
| Intake booked into diary  Complete |