



Referral to headspace Canberra

170 Haydon Drive, Building 18, Level B, University of Canberra, BRUCE, ACT 2601
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Details of Young Person

Today's Date:

Name:		Preferred name:	
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Other <input type="checkbox"/> _____		Date of Birth:	
Address:			
Suburb:		Postcode:	
Phone (home):		Phone (mobile):	
Email:			
Has the young person agreed to this referral? Yes <input type="checkbox"/> No <input type="checkbox"/> (please note: referrals will not be accepted without the consent of the young person)			
Does the young person have a Mental Health Treatment Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If the young person is under 16 years, are the parents/carers aware of referral? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Parents name:			
Parents contact number:			
Which contact/s would the young person prefer us to use? Home <input type="checkbox"/> Mobile <input type="checkbox"/> Email <input type="checkbox"/>			
Can we use SMS to confirm appointments? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Medicare #:	Reference #:	Exp date:	

Details of Referrer

Name:		Service:	
Address:			Postcode:
Phone:		Fax:	
Email:			
Will you or another person from your service have continued involvement with the young person? Yes <input type="checkbox"/> No <input type="checkbox"/> Name: _____ Phone: _____			
Does the young person currently receive support from any other services? Please list the name of the service/s, a contact person and phone number:			

Details of Referral

Primary reason for referral: Mental Health <input type="checkbox"/> Drug and Alcohol <input type="checkbox"/> Vocational <input type="checkbox"/>

Profile of the Young Person

Below are the areas **headspace** Canberra will assess when the young person attends their appointment. To help us assist the young person, could you please outline any pertinent information you are aware of, under the relevant heading. If you are not sure about any particular area, or the young person doesn't want to provide information on that area than it is fine to leave it blank.

Home and Environment:

Education and Employment:

Activities and Friends:

Drugs and Alcohol:

Relationships and Sexuality:

Conduct Difficulties and Risk-Taking:

Anxiety and Eating:

Depression and Suicide:

Psychosis and Mania:

Signature of Referrer: _____ Signature of Young Person: _____