

General Referral Form for Agencies and Professionals

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:

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 Northam?

(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:

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

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)

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Please forward completed form and all supporting documentation to headspace Northam by email

reception@headspacenortham.com.au

All referrals will be considered, however if the young person is better suited to an alternative support option, headspace Northam will attempt to notify the referring agency with the recommendations. On receipt of this referral, headspace Northam will contact the young person to discuss support options. If headspace Northam is unable to contact the young person, they will notify the referring agency. Please note that headspace Northam 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 Northam on (08) 9621 5000.

headspace Northam, 98 Fitzgerald Street East, NORTHAM, WA 6401 Telephone: (08) 9621 5000 |
reception@headspacenortham.com.au

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Document Number: OPS-HEA-FRM-0104	Page 2