

treet 2/185 Morgan St, Wagga Wagga NSW 2650 tail PO Box 5693, Wagga Wagga NSW 2650 el 02 6923 3170 Fax 02 6923 3145 poodspage OFG QU

Referral Form

Date:	
Young person's details:	
Full Name:	
Address:	
Postal Address (If different):	
DOB: Current Age:	Gender:
Do you identify as being Aboriginal or Torres Strait Isla	under?
Phone Number:	
Email Address:* *Please Note; we must have at least two ways that we can contact.	
Preferred Contact Person and Phone Number (for app	pointments only):
Services I am interested in:	
□ Mental Health Support	□ Dietician
□ Drug and Alcohol	□ Vocational/Education/Job Seeking
□ GP	□ Other:
Please specify the main reason for seeking help:	

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?					
*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 m If the young person is under the age of 14, have the person 					
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	es consent is provided from the client.				
How to submit this form:					
In Person: Drop into our centre (2/185 Morgan Street, Wagg	a Wagga)				
Phone: (02) 6923 3170					
Fax: (02) 6923 3145					
Email: my.headspace@mmll.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,					
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Office Use Only: Referral Entered	Referral Scanned	Client Allocated & Date:	