

# Referral Form

To be completed by services wishing to refer a young person to headspace Wonthaggi **Enhanced Mental Health Support in Schools service**.

Young Person's Details	
Has the young person consented to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	
Address	
Date of Birth	
Phone Number	
Email Address	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-binary <input type="checkbox"/> Self-identified:
Cultural Identity	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> Cultural and linguistically diverse
Consent to send SMS/email	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is parent/guardian aware of the referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent/Guardian name and phone number	

Referring Service Details	
Date of Referral	
School	
Name	
Phone Number	
Email	

- Does the young person have an existing GP?                       Yes                       No                       Unsure  
 If yes, please detail: \_\_\_\_\_
- Current medications: \_\_\_\_\_
- Where was the young person born? \_\_\_\_\_
- What language(s) does the young person speak at home? \_\_\_\_\_
- Do you require an interpreter?                       Yes                       No

<b>Risk to Workers' Safety</b> - Please include any known risks and current management strategies.
<b>Reasons for Referral</b> - Please include any information which may be useful to assist with the referral (e.g. mental health, drug and alcohol, vocational / educational or physical health including past / current risk assessments).

**All referrals to be emailed to: [referrals@headspacewonthaggi.org.au](mailto:referrals@headspacewonthaggi.org.au)**