headspace YOUTH EARLY PSYCHOSIS PROGRAM REFERRAL FORM

hYEPP referrals can be made by contacting **headspace** Joondalup or **headspace** Osborne Park. Referrals can be made directly from a tertiary level public health and mental health services to the Mobile Assessment Treatment Team (MATT) by submitting this form by fax to 9301 1325 or email to hYEPPReferral@headspacejoondalup.com.au

Name of young person		**Date of Referral** ___ / ___ / _____
Gender	☐ Male ☐ Female ☐ Other	**D.O.B.** ___ / ___ / _____ *client must be between 12 to 25 to be eligible
Is the young person of Aboriginal and or Torres Strait Islander descent? (tick as appropriate) ☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander		
Country of Birth		
Language spoken at home		**Interpreter required** ☐ Yes ☐ No
Address	Street name: _____ Suburb: _____ Postcode: _____	
Contact details	Mobile: _____ Home Phone: _____ Email: _____	
Preferred contact	☐ Mobile ☐ Home Phone ☐ Email ☐ Post	
Next of Kin/Emergency contact name		**Relationship** / **Phone**
GP name		**Practice Name**
GP contact details	Phone: _____	Email: _____
Can we contact the GP? ☐ Yes ☐ No ☐ Unsure		

Referrer name		**Referring tertiary public service**
Position		**Email** / **Phone**
Reason for referral (presenting issues) **Details:**		
Current mental health symptoms **Details:**		
When was the young person first recognised to have the identified presenting issues? **Details:**		

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History of prodromal symptoms?	☐ Yes ☐ No ☐ Uncertain
Estimated length of Duration of Untreated Psychosis (DUP)?	
Evidence of negative symptoms	
How have these mental health issues impacted on functioning? **Details:**	
Level of Insight (tick as appropriate) ☐ **Excellent** understands diagnosis and need for treatment ☐ **Moderate** accepts something is wrong and is willing to accept treatment ☐ **Poor** accepts something is wrong but is unwilling to accept treatment ☐ **None** does not perceive self as having an illness **Details:**	
Previous contact with other mental health services/practitioners **Details:**	☐ Yes ☐ No ☐ Uncertain
Previous psychiatric diagnosis **Details:**	☐ Yes ☐ No ☐ Uncertain
Previous hospitalisations **Details:**	☐ Yes ☐ No ☐ Uncertain
Previous medications **Details:**	☐ Yes ☐ No ☐ Uncertain
Current medications **Details:**	☐ Yes ☐ No ☐ Uncertain
Other physical health issues / illnesses **Details:**	☐ Yes ☐ No ☐ Uncertain

Relevant findings of any baseline blood tests e.g. metabolic, ECG, CT / MRI Head (if applicable)
Details:

Date completed : ___ / ___ / _____

Family psychiatric history (e.g. mental illness / addiction / suicide)
Details:

Social situation (e.g. family relationships, level and nature of supports, accommodation, study / employment, finances)
Details:

Substance use (e.g. type, amount, frequency) **Past** ☐ Yes ☐ No
Current ☐ Yes ☐ No
Details:

History of criminal charges? ☐ Yes ☐ No
Details:

Current or pending charges / issues? ☐ Yes ☐ No
Details:

History of self-harm / suicidality? ☐ Yes ☐ No
Details:

Current thoughts / plans / intent? ☐ Yes ☐ No
Details:

History of violence? ☐ Yes ☐ No
Details:

Current thoughts / plans / intent? ☐ Yes ☐ No
Details:

History of risk from and/or to others? ☐ Yes ☐ No
Details:

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Mental Health Act status	☐ Voluntary ☐ Involuntary
Community Treatment Order	☐ Yes* ☐ No * If Yes, expiry date ___ / ___ / _____
Involvement with other support services? **Details:**	☐ Yes ☐ No

Interim Plan (any interim arrangements in place for young person's care pending outcome of referral?)
Details:

CONSENT TO REFERRAL

The young person has been assessed and meets the eligibility criteria for a referral to Black Swan Health	☐ Yes ☐ No
The young person is aware of the referral	☐ Yes ☐ No
The young person is agreeable of the referral	☐ Yes ☐ No

Signature: _____ Date: ___ / ___ / _____

Print Name: _____

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Office use only

Confirmation sent by (name) _____ on (date) ___ / _____ / _____

MATT **headspace** Youth Early Psychosis Program (hYEPP)
t: 08 9301 8999 **f:** 08 9301 1325 **e**: hYEPPReferral@headspacejoondalup.com.au
Sanori House, 126 Grand Boulevard, Joondalup, WA 6027
http://blackswanhealth.com.au/services/hyepp/