

headspace Osborne Park Referral Form



Please sign and submit the completed form to info@headspaceospk.com.au or fax to 9208 9599.
 Referrals will not be accepted without the signed consent of the young person (see overleaf).
 This referral should be discussed with the young person who has agreed to the referral to **headspace**
 and the sharing of information related to this referral

Name of young person		Date of Referral ___ / ___ / ___
Gender Identity		D.O.B. ___ / ___ / ___
Is the young person of Aboriginal and or Torres Strait Islander descent? (tick as appropriate) <input type="checkbox"/> Yes, Aboriginal <input type="checkbox"/> Yes, Torres Strait Islander <input type="checkbox"/> Yes, Aboriginal & Torres Strait Islander <input type="checkbox"/> No		
Does the young person or their parent/guardian require an interpreter and if so, in which language?		
Address	Street name: _____ Suburb: _____ Postcode: _____	
Contact details (of parent/guardian if primary contact)	Mobile: _____ Home Phone: _____ Email: _____	
Preferred contact	<input type="checkbox"/> Mobile <input type="checkbox"/> Home Phone <input type="checkbox"/> Email <input type="checkbox"/> Post	
Next of Kin/Emergency contact name	Relationship	
	Phone	
GP Name	Practice Name	
Practice Phone	Practice Email	
Can we contact the GP?	Yes No Unsure	
Referrer name (if different to the GP)		Email
Agency & Position		Phone
Reason for referral (including mental health or drug and alcohol history / previous treatment, physical health, vocational/ educational)		

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Risk taking behaviours (self-harm, suicide ideation, substance use, aggression, self-neglect)	
Involvement with other agencies / services (if yes, please provide details)	
Relevant medical details (please attach an existing GP Mental Health Treatment Plan if applicable)	

Consent by Young Person to headspace Osborne Park referral

Signature: _____ **Date:** ___ / ___ / ____
Print Name: _____

Consent by Young Person's parent or caregiver (required if the young person is under 16 years of age)

Signature: _____ **Date:** ___ / ___ / ____
Print Name: _____ **Relationship:** _____

Referrer

Signature: _____ **Date:** ___ / ___ / ____
Print Name: _____

Office use only
 Confirmation sent by (name) _____ on (date) ___ / ___ / ____