**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: ……………………………...

**Is the young person currently in crisis or at immediate risk to self or others?** ………… (headspace is not a crisis response service – consider an alternative referral if immediate support required)

**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 Midland?**

(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: .….……….………………………………

Educational Status:……………………………… School/Institution:………………………………

Usual Occupation: ……………………………….Employment Status: ………………..………….

If no longer at school/work, how long has this been the case? ………………....……………….

Is the person on any Centrelink payments (if so please list): …………………………………….

**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

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**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):………………………………………....................................

……………………………………………………………………………………………………………

……………………………………………………………………………………………………………

**Please forward completed form and all supporting documentation to headspace Midland by fax**

**(08) 9274 8859 or email** [**primary.referrals@headspacemidland.com.au**](mailto:primary.referrals@headspacemidland.com.au)**.**

All referrals will be considered, however if the young person is better suited to an alternative support option, **headspace** Midland will attempt to notify the referring agency with the recommendations. On receipt of this referral, **headspace** Midland will contact the young person to discuss support options. If **headspace** Midland is unable to contact the young person, they will notify the referring agency. Please note that **headspace** Midland 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** Midland on (08) 9274 8860.