

Referral Form

headspace Newcastle

Referral Date: [Click here to enter a date.](#)

Important information for your referral, Please Read

- headspace is a service for young people between the ages of 12 to 25.
- We can only engage with young people who have provided consent to the referral. If the young person is at high or acute risk of suicide, please contact the Mental Health Line on 1800 011 511 or emergency services on 000 if urgent.
- Please note that receipt of the referral form does *not* indicate acceptance to the headspace services. Suitability of the referral will be determined following assessment with the young person. Please contact headspace Newcastle to confirm receipt and discuss the outcome of your referral.
- **To complete the referral, you must attach relevant assessment notes, discharge summaries and/or additional information**

Consent to Referral

- Has the young person given consent for the referral? Yes No
- Has the young person's parents consented to the referral? Yes No Not applicable (16 years +)
- Are parents aware that they will need to attend appointments (particularly for those aged 15years or under) Yes No Not applicable (16 years +)
- Does the YP have a Mental Health Care Plan? Yes No
- If no, please encourage young person to obtain this as this will assist speed up the allocation process**

Young Person's Details:

Name: Contact Number:

Date of Birth: Age: Gender:

Address:

Suburb: Post code:

Does the young person identify as:

- Aboriginal Torres Strait Islander Aboriginal & Torres Strait Islander
- Culturally & Linguistically Diverse (CALD) GLBIQ Transgender None Unknown

Does the young person have any difficulties with literacy:

- No Yes, please explain:

Referral Method

- Referral (Family/Friend) Phone Referral (Self) GP Other Service:

Required Services: Please indicate which services would be beneficial

- Mental health support Physical health support (GP) Drug and alcohol support Vocational support

Next of Kin: This should be the young person's closest living relative.

Name: Relationship to YP:

Address: Contact Number:

Parent's details:

Name/ relationship: Contact Number:

Name/ relationship: Contact Number:

Medicare Card: Ref: Expiry:

Referrer Details:

Name of Referrer: Organisation:
Relationship to YP: Contact Number:
Address:
Email :

Presenting Issues

Anger Anxiety Bullying Depression Relationships
 Self-Harm Stress Substance Use Suicidal Ideation Trauma
 Other (E.g. Legal Issues) Details:

Referral Information (please complete this section):
Please attach any extra relevant information and assessments e.g.
Tertiary Mental Health Services: Please attach Risk Assessment, A1, Discharge Summary
*****Please note we may be unable to process/accept referral if this information is not received***

(The above field has an 880 character limit. Please attach additional documentation should you require more space)

Thanks for making a referral to headspace Newcastle. You can return the referral form by:

Fax	Email
(02) 4925 2864	intakeheadspacenewcastle@hunterprimarycare.com.au

If you would like to discuss this referral please contact headspace Newcastle staff on (02) 4929 4201
