

headspace Referral Form

Referrer to complete form and fax to (08) 8582 5050
or email to info@riverlandgp.org.au



Organisation Facilitators Details:					
Date of Registration :		Name:			
Organisation:		Phone Number:			
Does the Young Person consent to referral? headspace is a voluntary service and all young people must consent to and be willing to engage in services.				Yes	No
Client Details:					
Name:		DOB:	AGE:		
Gender:	Male	Female	Intersex	Not stated	
Address:					
Home Phone:		Mobile:			
Is the Young Person under 16? <small>Please note: If you have answered yes the following questions are mandatory.</small>				Yes	No
Is the young person's parent/guardian aware of this referral?				Yes	No
Parent / Guardian / Next of Kin/ Emergency Contact			Permission to contact:	Yes	No
Phone:					
Reason for not giving permission to contact parent/guardian (only required if young person is under 16)					
GP:		When did you last see a Dr?			
Would you like headspace to help you access a Dr's appt?				Yes	No
Have you received Mental Health and or Alcohol & Other Drug services before?				Yes	No
<small>If YES, please explain: (CAMHS, school counsellor, private etc.)</small>					
Are you currently engaging with or being supported by any other services?				Yes	No
<small>If YES, please explain:</small>					
Do you identify as:					
Aboriginal	Torres Strait Islander	Both	None		
Country of Birth:	Australia	Other (please state):			
Do you speak a language other than English at home?	No	Yes (please state):			
Do you live alone:	No (with who):			Yes	
Accommodation:	Stable	Unstable	No fixed address		

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What are the main issues that bring you to **headspace**?

- a) Greatest problem
- b) Second greatest problem

How upset or worried are you about these problems? <small>(On a scale of 1-5 with (1) being not at all and (5) being as worried as possibly be)</small>	1	2	3	4	5
How often do these problems happen? <small>(on a scale of 1-5 with (1) being not at all and (5) being all the time)</small>	1	2	3	4	5
How much is the problem/s interfering in your life? <small>(on a scale of 1-5 with (1) being not at all and (5) dominating my life completely)</small>	1	2	3	4	5

What made you decide that now was the right time to seek help?

If you find coming to **headspace** helpful, what would look different for you and or your family afterwards?

Please give this page to the Young Person being referred.

(or parent/guardian if under 16 years)



Thank you for your referral and response to the above questions. A member of our headspace Berri team will be in contact with you soon to arrange an Intake appointment. Please note, if we are unable to reach you this referral is unable to be actioned.

headspace is not an emergency service. **If you or a young person need immediate support or medical assistance please contact**

Phone for immediate support

- **000** (112 from a mobile phone) and request an ambulance (and/or police if required)
- Your local emergency Mental Health Service – Emergency Triage Liaison Service (ETLS) – **13 14 65**

Contact your local Medical Clinic and or hospital Emergency Department:

- **Berri:** 1 Cornwall Street - 8582 2855
- **Barmera:** 24 Hawdon Street - 8588 2040
- **Renmark:** 65 Thurk St - 8586 4111
- **Loxton:** 11 Anzac Crescent - 8584 7321
- **Waikerie:** 2 Strangman Road - 8541 3500
- **RiverDocs Emergency Department**, Riverland General Hospital. Maddern Street, Berri - 8580 2642

Phone a telephone/crisis helpline (24 hours a day, 7 days a week)

- **Suicide Call Back Service** – 1300 659 467
- **Suiceline** – 1300 651 251
- **Lifeline** – 13 11 14
- **Kids Helpline** - 1800 55 1800 – www.kidshelpline.com.au
- **Youthbeyondblue** - 1300 22 4636 – www.youthbeyondblue.com
- **eheadspace** (9am to 1am AEST) – www.eheadspace.org.au or call 1800 650 890

eheadspace Web chat, telephone and email support is available to young people, as well as their families and friends, from 9am to 1am AEST, 365 days of the year