

## Referral Guidelines

headspace Albury Wodonga and headspace Wangaratta is a free, youth service for young people aged 12-25 years.

Together with Gateway Health as our lead agency and 10 local agencies, we offer the following supports and services:

- General Practitioner appointments with Gateway Health Medical Practice (one appointment is reserved exclusively for headspace each day)
- MBS (Under GP Mental Health Treatment Plans)
- Youth Workers Care Co-Ordination
- Education and Job Seeking support and information
- Youth Generalist Counsellors
- Alcohol and other Drug Support Counsellors
- Sexual Health Clinic
- Community engagement, education and awareness
- Access to support around housing
- Centrelink Support Services
- Dietician

**PLEASE NOTE:** headspace Albury Wodonga and headspace Wangaratta are not an acute mental health/crisis service. If you have any immediate concerns regarding the safety and wellbeing of a young person please contact one of the following services for assistance; Mental Health Triage Service 1300 104 211, Lifeline 13 11 14, Kids Helpline 1800 55 1800. If the individual you are referring is out of our age group please phone Head to Help on 1800 595 212.

**In an emergency please call 000 immediately.**

### REFERRAL SOURCES

**Self-referral** – Young people are encouraged to make contact with headspace Albury Wodonga or headspace Wangaratta directly.

**Family referral** – Families, carers or friends can refer a young person to headspace Albury Wodonga or headspace Wangaratta. The young person needs to be aware of and consent to the referral and be willing to meet with a member from the headspace Albury Wodonga or headspace Wangaratta team.

**By phone/email** – 1300 332 022 speak to our duty worker or leave a message and we will call you within 2 business days, an answering service is available after hours. Email referrals can also be sent to [headspaceAW@gatewayhealth.org.au](mailto:headspaceAW@gatewayhealth.org.au) or [headspaceWangaratta@gatewayhealth.org.au](mailto:headspaceWangaratta@gatewayhealth.org.au). Please save the document as an encrypted PDF in word. It is best to ring through the password to ensure the young persons' details remain confidential

**Drop in** – Young people can drop into the centre or site, check out our details at [headspace.org.au/headspace-centres/albury-wodonga/](http://headspace.org.au/headspace-centres/albury-wodonga/) or [headspace.org.au/headspace-centres/Wangaratta](http://headspace.org.au/headspace-centres/Wangaratta)

**Professional referral** – General Practitioners, Allied Health Professionals and community based agencies and educational institutions can refer to headspace Albury Wodonga or headspace Wangaratta using the attached referral form.



headspace Albury Wodonga  
 155 High Street Wodonga Victoria 3690  
 Email [headspaceAW@gatewayhealth.org.au](mailto:headspaceAW@gatewayhealth.org.au)

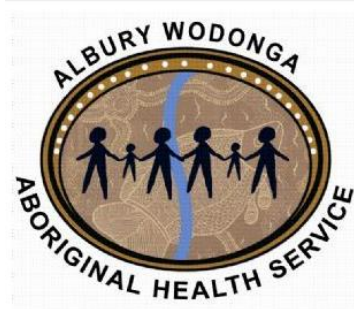
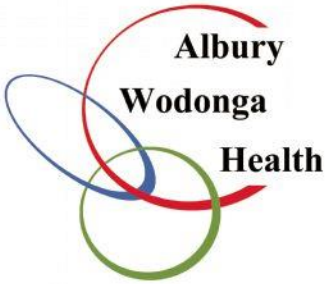
Phone: 1300 332 022

headspace Wangaratta  
 44 Rowan Street Wangaratta Victoria 3677  
 Email [headspaceWangaratta@gatewayhealth.org.au](mailto:headspaceWangaratta@gatewayhealth.org.au)

Fax: 02 6024 5792



## headspace is proudly delivered in partnership with the following affiliates:



For additional information regarding headspace Albury Wodonga, please contact the centre directly on **1300 332 022** or visit our website [headspace.org.au/alburywodonga](http://headspace.org.au/alburywodonga) or [headspace.org.au/wangaratta](http://headspace.org.au/wangaratta)



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# Referral Form

headspace Albury Wodonga and headspace Wangaratta is a voluntary service for young people aged 12-25 years of age. headspace can only engage with the young person if they have consented to the referral. *Please ensure all sections are completed and legible.*

Date of Referral:

Has the young person consented to the referral?

Yes  No

Is the young person aged 12-25 years of age?

Yes  No

## Details of Young Person

If the young person is under 16 years of age, have the parents or carers of the young person consented to the referral? Please provide name and number of person consenting below

Yes  No

Surname		First Name	
Gender		Preferred Pronoun	
Date of Birth			
Address			
Suburb		Postcode	
Phone (Home)		Mobile	
Email		Preferred method of communication?	<input type="checkbox"/> Phone (Home) <input type="checkbox"/> Email
Nationality			<input type="checkbox"/> Mobile <input type="checkbox"/> SMS
Preferred Language		Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you Identify as	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal & Torres Strait Islander		

Would you prefer an Albury Wodonga Aboriginal Health Service worker?

Yes  No

## Emergency Contact

Name		Relationship to young person	
Address			
Suburb		Postcode	
Phone (Home)		Mobile	

## Details of Referrer (please ensure this section is completed)

Name of Referrer		Organisation	
Address			
Suburb		Postcode	
Phone (Business Hours)		Phone (Mobile)	
Email		Relationship to young person	



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Reason/s for Referral			
<input type="checkbox"/> Wellbeing & Mental Health	<input type="checkbox"/> General or Sexual Health	<input type="checkbox"/> Alcohol and other Drugs	<input type="checkbox"/> Work, School, Study
<input type="checkbox"/> headspace in schools	<input type="checkbox"/> Other eg Bushfire, COVID	<input type="checkbox"/> Albury Project	
<b>Main Issue/s</b>			
<b>Relevant Past History</b>			
<b>Additional Information supplied/attached?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does the young person currently see any other services?</b> If yes, please tick appropriate box/boxes			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Drug and Alcohol	<input type="checkbox"/> School/Other Counsellor	<input type="checkbox"/> Community Services	<input type="checkbox"/> Child Protection
<input type="checkbox"/> CAMHS/NECAMHS	<input type="checkbox"/> Adult Mental Health	<input type="checkbox"/> Youth Justice/Juvenile Justice (VIC & NSW)	
<input type="checkbox"/> Other – Please Specify			
<b>Service</b>			
<b>Does the young person have a regular GP?</b> If yes, please provide details below			<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of GP		Contact Details	
Name of Service Provider		Phone	
<b>Is the other service aware of the referral to headspace?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Will the services involved continue working with the young person?</b>			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>What are your expectations of headspace Albury Wodonga or headspace Wangaratta?</b>			

Please tick relevant risk and protective factors



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Risk		Protective	
<b>Individual</b>			
<input type="checkbox"/>	Low self esteem	<input type="checkbox"/>	Ability to relate and work with others
<input type="checkbox"/>	Poor problem solving	<input type="checkbox"/>	Problem solving skills
<input type="checkbox"/>	Difficulty forming and maintaining interpersonal relationships	<input type="checkbox"/>	Optimism- hopefulness, confidence
<input type="checkbox"/>	Difficulties with emotional regulation skills	<input type="checkbox"/>	Positive coping style
<input type="checkbox"/>	Birth injury/ disability	<input type="checkbox"/>	School achievement
		<input type="checkbox"/>	Healthy physical environment
<b>School</b>			
<input type="checkbox"/>	Experiencing academic difficulties	<input type="checkbox"/>	Positive, supportive peer group
<input type="checkbox"/>	Low school attendance/ Risk of dis-engagement from school	<input type="checkbox"/>	Regular school attendance
<input type="checkbox"/>	Lack of support at school	<input type="checkbox"/>	Individual learning needs are considered and monitored
<input type="checkbox"/>	Bullying	<input type="checkbox"/>	Positive achievement and sense of belonging
<input type="checkbox"/>	Difficulty forming friendships	<input type="checkbox"/>	Opportunities for participation and success
<input type="checkbox"/>	Susceptible to influence		
<b>Family</b>			
<input type="checkbox"/>	Family conflict / breakdown	<input type="checkbox"/>	Supportive parents/carers
<input type="checkbox"/>	Inconsistent home life	<input type="checkbox"/>	Secure and stable family
<input type="checkbox"/>	Lack of warmth and affection	<input type="checkbox"/>	Supportive relationships with other adults
<input type="checkbox"/>	Abuse and neglect	<input type="checkbox"/>	Attachment to family
<input type="checkbox"/>	Parental substance abuse		
<b>Community</b>			
<input type="checkbox"/>	Socio-economic disadvantage	<input type="checkbox"/>	Sense of belonging
<input type="checkbox"/>	Exposure to violence and crime	<input type="checkbox"/>	Access to support services
<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Participation in community i.e. sports, groups
<input type="checkbox"/>	Refugee experience	<input type="checkbox"/>	Strong cultural identity / pride
<input type="checkbox"/>	Racism / discrimination	<input type="checkbox"/>	Secure home/ housing