Referral Form

headspace Bundaberg

Please send the completed referral form via email or fax.
Email: headspacebundaberg@youturn.org.au
Fax: 4152 6602

Eligibility Criteria

- Young people between 12 and 25
- Young people not in acute crisis, nor currently suicidal.

Please note: We are not an emergency service. If the young person needs immediate assistance, please call the mental health care line 1300 MH CALL (1300 642 255) or report to the nearest hospital emergency department.

*Required field

Young Person's Legal Name*: ______________________________

Young Person's Preferred Name: ______________________________

Date of Birth*: ______________ Aboriginal and/or Torres Strait Islander: ☐ Yes ☐ No

Gender: ☐ Female ☐ Male ☐ Non-Binary ☐ Other

Client's Address: ______________________________

Suburb: ______________ State: ________ Postcode: ________

Contact Number*: ______________ Is this number the young person's? ☐ Yes ☐ No

If No - Contact's Name: ______________ Relationship to young person: ________

Medicare Number: ______________ Position on Card: ___ Expiry: ________

Health Care Card: ☐ Yes ☐ No - Number: ______________ Expiry: ________

Referral Reasons

☐ General Practitioner Support
☐ Mental Health Support
☐ Alcohol and Other Drug Support
☐ Dual Diagnosis
☐ Telepsychiatry
☐ Psychology/Allied Mental Health Professional
☐ Vocation or Educational Support
☐ Other: ______________

Please provide any relevant details about this referral

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headspace.org.au/bundaberg

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