



Please ensure all sections are completed and legible.
Return via email: headspace.castlehill@flourishaustralia.org.au

headspace Referral Criteria :

headspace is a voluntary service for young people aged between 12 and 25. **We can only connect with Young People if they have consented to the referral and are in this age group.**

The Young Person has consented to and provided permission for a referral? Yes No

Is the Young Person aged 12 to 25? Yes No

headspace is not a crisis service. We are unable to support severe mental health concerns or crisis referrals. **We suggest you please call the Mental Health Line on 1800 011 511** if the young person requires urgent mental health assistance.

Please call headspace Castle Hill on 9393 9800 to ensure your referral has been received and to discuss anything further. If we are unavailable, we will respond to you within three working days.

Referrer Details:

Name of Referrer:

Relationship to Young Person: Organisation:

Contact Number: Fax:

Service Address:

Email:

Do you wish to be part of our mailing list? Yes No

Parent/Guardian/Carer: *

Name:

Relationship to young person: Contact Number:

Interpreter Required? Yes No

Do we have permission to speak with the person identified? Yes No

Young Person's Details: *please note that if the Young person is aged 15 and under, we will require a parent or guardian to be documented on this form.

Name:

Date of Birth: Age: Pronoun: Gender:

Address:

Suburb: Post code:

Contact Number 1: 2.

Cultural Identity: Language Spoken at home:

Preferred language: Interpreter needed: Yes No

Indigenous Identity: Aboriginal Torres Strait Islander Both Neither

Primary reason(s) for Referral: This section **must** be completed and/or assessment notes attached

<input type="checkbox"/> Mental Health Support Brief 1-3 sessions	<input type="checkbox"/> Physical Health Support
<input type="checkbox"/> Mental Health Support Focussed Psychological Interventions (Mental Health Care Plan)	<input type="checkbox"/> Vocation, Education, Training, Employment Support
<input type="checkbox"/> Alcohol and Other Drugs Support	<input type="checkbox"/> Groups Therapy <input type="checkbox"/> Non-clinical Groups

Presenting Issues:

Does the Young Person have a Mental Health Care Plan (MHCP)? Yes No

Can you support the Young Person to access a MHCP through a GP? Yes No

Please provide the Young Person's Medicare card details where possible

Number: Reference Number: Expiry Date:

If the Young Person has a pre-existing diagnosis, please provide details. This may include details of diagnosis, details of diagnosing health professional, previous treatment, etc.

Current presenting issues:

Other factors? Is the Young Person currently undertaking or at risk of any of the following:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Suicidal | <input type="checkbox"/> Harming self | <input type="checkbox"/> Harming others | <input type="checkbox"/> Extreme social withdrawal |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Substance use | <input type="checkbox"/> School avoidance | <input type="checkbox"/> Other |

Details:

Referrer Signature:

Date:

Thank you! If you have any concerns please phone Intake on 9393 9800.