

# Referral to headspace Devonport



Level 1, 33-35 Steele Street, Devonport, TAS 7310

P: 03 6424 2144 F: 03 6424 6102

Please Note: **headspace** Devonport is not an acute mental health service. If you have concerns for a person's immediate safety please contact the Mental Health Helpline: 1800 332 388. For urgent medical assistance call: 000

It is important that the young person is aware of this referral and agrees to attend **headspace** Devonport appointments.

<b>Young Person's Details:</b>		DOB:	Date:
Name:	Preferred Name:		
Address:			
Phone (Home):	Phone (Mobile):		
Which contact/s would the young person prefer us to use?	Home: <input type="checkbox"/>	Mobile: <input type="checkbox"/>	Email: <input type="checkbox"/>
Can we use SMS to confirm appointments?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Email:			
<b>Referrer information:</b>			
Your Name:	Phone:		
Your Organisation & Position			
Your relationship to young person:	Your email:		
Will you or another person from your service have continued involvement with the young person?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	
Does the young person currently receive support from any other services? Please list the name of the service/s, a contact person and phone number (use other side of page if necessary)			
headspace is a voluntary service. Have you confirmed with the young person that you are sending this referral? YES			

<b>Appointments:</b>		
Who should headspace Devonport contact to make an	Young Person: <input type="checkbox"/>	Referrer: <input type="checkbox"/>

Please note: Young people are routinely asked if they consent to **headspace** telling anybody else (family, friend, partner or supporting organisation) about their appointment attendance. Sharing additional information needs to be formally arranged with the young person's consent.

<b>What is the reason for referral?</b>		<b>( See Over for Options)</b>
Brief Summary:		
Is the Referral Urgent?:	Urgent: <input type="checkbox"/>	Routine: <input type="checkbox"/>
Risk Factors if Urgent:		
Does the young person have a Mental Health Plan?	Yes: <input type="checkbox"/> (Please Attach)	No: <input type="checkbox"/>
Have any assessments been completed?	Yes: <input type="checkbox"/> (Please Attach)	No: <input type="checkbox"/>

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<b>Mental Health:</b>	
Anxiety <input type="checkbox"/>	Stress related <input type="checkbox"/>
Suicidal thoughts/behaviour <input type="checkbox"/>	Depression <input type="checkbox"/>
Risk taking <input type="checkbox"/>	Trauma <input type="checkbox"/>
Comments (optional)	

<b>Sexual Health:</b>	
STI health testing <input type="checkbox"/>	Contraception <input type="checkbox"/>
Comments (optional)	

<b>Alcohol and Other Drugs:</b>	
Alcohol Use <input type="checkbox"/>	Other Substance Use <input type="checkbox"/>
Comments (optional)	

<b>Situational:</b>	
Conflict in home environment <input type="checkbox"/>	Homeless or at risk <input type="checkbox"/>
Bullying in school <input type="checkbox"/>	Violence <input type="checkbox"/>
At risk of social isolation <input type="checkbox"/>	Anger issues <input type="checkbox"/>
Comments (optional)	

Please return this form to **headspace** Devonport

Email: [headspace@cornerstoneyouthservices.com.au](mailto:headspace@cornerstoneyouthservices.com.au)

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