**STOP**!!!!   
professional referrer please use ‘professional referral form’ Thanks

**Do you believe you are at risk of harm to yourself or other people?**  Yes  No  
If you have ticked **yes**, please contact the mental health hotline on 1800 011 511 (24 hours) for appropriate services, go to your nearest hospital, or call 000. headspace Lithgow is not a crisis service.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Todays Date:** |  | | | | |
| **Your Name (preferred):** |  | | | | |
| **Age:** |  | **DoB:** | |  | |
| **Gender:** |  | **Pronouns:** | |  | |
| **Do you identify as:** | Aboriginal  Torres Strait Islander  Both  Non-Indigenous  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Language other than English spoken at home:** |  | | **Interpreter needed?** | |  |
| **Your Address:**  **Can we send mail to this address?**  Yes No |  | | | | |
| **Your email**:  **Can we send emails?**  Yes No |  | | | | |
| **Your mobile number:**  **Can we call and/or text this number?**  Yes No |  | | | | |
| **When is the best time for us to contact you about this referral?** |  | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **In case of an emergency, who can we contact?** | | | |
| **Name of contact:** |  | **Relationship to you:** |  |
| **Phone number(s):** |  | | |
| **If Next of Kin, email:**  **Can we send them emails/some resources?** Yes No |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **sessions usually take between 45-50 minutes. appointments with our doctor are usually 30-45 minutes** | | | |
| **What services would you like to discuss and/or access?** | | | |
| Mental health wellbeing | Alcohol & another drug support | Physical and/or sexual health support | Work and Study support |
| **(Yes/No/Unsure)** | **(Yes/No/Unsure)** | **(Yes/No/Unsure)** | **(Yes/No/Unsure)** |

|  |  |
| --- | --- |
| **What do you hope headspace Lithgow can support you with?**  **What do you feel would be useful about coming to headspace?** |  |

**Office Use Only……**

|  |  |
| --- | --- |
| **Notes:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Appt date:** | **Appt time:** | **Appt type:**(person/phone/telehealth) | **Who will be attending appt:**  (eg family/friend) | **Clinician:** |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Informed of headspace Location:** | ☐Yes   ☐No | **Ask to arrive 10 mins early:** | ☐ Yes   ☐ No |

|  |  |
| --- | --- |
| SRI? ☐ Yes ☐ No | YP created on HAPI ☐ Complete |
| File named on Mastercare as SRI: ☐ Complete | Create an OoS for 1st contact ​☐​ Complete |
| Notify clinical team: ☐ Yes ☐ No | Client created on MC ​☐​ Complete |
| Intake booked into diary ​☐​ Complete | Welcome email sent to YP & added to MC ​☐​ Complete |