

## Professional Referral Form

Please return completed referral form to headspace Mildura via:  
F: 03 5023 6760  
E: [referrals@headspacemildura.com.au](mailto:referrals@headspacemildura.com.au)

*If no acknowledgement receipt is received, please contact centre administration 03 5021 2400*

Referral criteria: young person must be aged between **12-25 years** and must give **consent** for the referral. **Has consent been obtained (if no, please do not proceed)?**  Yes  No

Services provided will be inclusive of, and not limited to, early intervention for:

- mental & physical health concerns
- use of alcohol and other substances
- vocation and education support

*\*Please note: headspace Mildura is not an acute mental health/crisis service. If you have concerns for the young person's immediate safety, please contact Mildura Base Hospital - Mental Health Service Triage on 5022 3500. For urgent medical assistance, please call 000.*

### REFERRER DETAILS

Name	
Organisation	
Position	
Phone number	
Email	

### YOUNG PERSON DETAILS

Full name	
Preferred name	
Date of Birth	
Gender	
Pronouns	
Address	
Phone/Email	

Does the young person identify as:  Aboriginal  Torres Strait Islander  Other

Preferred language

Interpreter required:  Yes  No

### EMERGENCY CONTACT DETAILS (Must be over 18)

Full name	
Relationship	
Phone/Email	
Address	

Is the listed emergency contact aware of this referral?  Yes  No

Who should headspace Mildura contact to make an appointment?

Young person  Emergency contact  Referrer  Other

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### SERVICE ENGAGEMENT

(Please attach applicable documents)

GP Details	
Other organisations (please provide details)	
School based support (SSSO, IEP/ILP, student wellbeing)	
Mental Health Treatment Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
NDIS Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No

### GOVERNMENT CARDS

Medicare	Card number
	Reference
	Expiry date
Centrelink (e.g. health care/pensioner)	Reference
	Expiry date

### REASON FOR REFERRAL

Please list reasons for referral and relevant history\*


\*Please note: If you have concerns for the young person's immediate safety, please contact Mildura Base Hospital - Mental Health Service Triage on 5022 3500. For urgent medical assistance, please call 000.

***This referral is to be discussed with the young person and consent must be obtained prior to submission. Please be advised, headspace Mildura cannot contact the young person without their consent.***

Young person signature: \_\_\_\_\_

Date: \_\_\_\_\_

Referrer signature: \_\_\_\_\_

Date: \_\_\_\_\_