Referrer to complete form, fax (07 4523 6263) or email (headspace.roma@rhealth.com.au) to headspace Roma and follow-up with phone call on (07 4523 6262) to ensure receipt of referral.

**Referral criteria** – 12-25 years old; not acute; early intervention.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date of Referral:** | | | | | | | | | | |
| **Client Details:** | | | | | | | | | | |
| Name: | | | | DOB: | | | Gender: | | | |
| Address: | | | | Phone:  Mobile: | | | | | | |
| **Referrer’s Details:** | | | | | | | | | | |
| Name:  Position: | | | |  | | | | Phone:  Fax: | | |
| Organisation: | | | | Address: | | | | | | |
| **Reason/s for Referral:** | | | | | | | | | | |
| Is the client linked with other services? 🞎 Yes 🞎 No | | | | If “Yes”, please provide details: | | | | | | |
|  | | | |  | | | | | | |
| How did you find out about this service (please circle)? | | | | | | | | | | |
| Family/Friends | Internet | | Community Service | | Radio | | | | TV | |
| Newspaper | School/Uni/TAFE | | Other Services | | Presentations | | | | GP | |
| Health Professional | Walked Past | | Pamphlets | | Psychiatrist | | | | Other | |
| **CLIENT CONSENT** | | | | | | | | | | |
| This referral must be discussed with the client. headspaceRoma is unable to contact them without their consent. | | | | | | | | | | |
| Do you have the client’s consent for this referral? *(Where possible, please have the client sign below)* | | | | | | * Yes | | | | * No |
| If under 14 years of age, are the parents/carers aware of this referral? | | | | | | * Yes | | | | * No |
| Client signature: | |  | | |  | Date: | | | |  |
| Referrer’s signature: | |  | | |  | Date: | | | |  |

**Please note**: headspaceRoma will contact the referrer to advise of the young person’s **attendance** or **non-attendance** at headspace Roma. Specific details of the outcome of the contact will not be discussed unless the young person has provided their consent to release of information.

Document Control: Consortium Terms of Reference

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| --- | --- | --- | --- |
| No. | Date | Nature of Changes | By whom |
| 1 | 1/02/2021 | Draft created for discussion, destruction, recreation | Simon Goddard |