

# Referral Guidelines

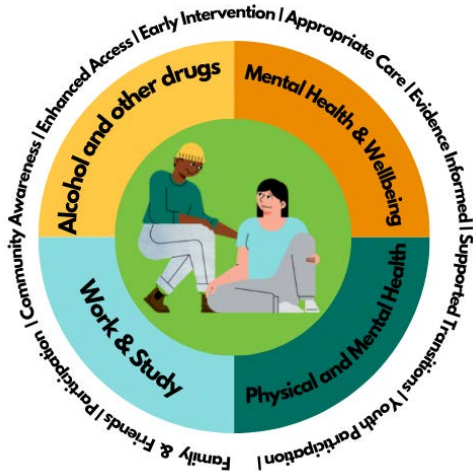
## About headspace Tuggeranong



headspace Tuggeranong is a free, youth-friendly and confidential service for young people aged 12 – 25 years. We offer the following supports and services including:

- Mental Health Support – counsellors and groups
- Drug and Alcohol Support
- Education and Employment Support
- Physical Health and Sexual Health

headspace Tuggeranong is a voluntary service – we will not provide any care or support that you do not consent to.



### PLEASE NOTE:

headspace Tuggeranong is **NOT** an acute mental health/crisis service. If you have any immediate concerns regarding the safety/wellbeing of a young person, please call:

- **Mental Health Line 1800 011 511;**
- **Lifeline on 13 11 14; or**
- **Kids Helpline on 1800 55 1800.**

**In an emergency, contact 000 immediately.**

### HOW TO REFER:

#### Self-Referral

You can fill out this form yourself or with help. If you are unable to fill out this form then please call us instead.

#### By phone/email

You can call (02) 62982920 within office hours or email [info@headspaceTuggeranong.org.au](mailto:info@headspaceTuggeranong.org.au), and a worker will speak with you/call you back to complete a registration form.

#### Drop in

You can come into headspace Tuggeranong (Level 1, 167 Soward Way, Greenway) between 9am and 5pm, Monday – Wednesday & Friday and Thursday 9am – 7pm. Staff will endeavour to see you immediately. If that's not possible, will make an appointment for someone to call back or for you to come back in person (if preferred).

For more information regarding headspace Tuggeranong, please contact us directly or visit our website [www.headspace.org.au/Tuggeranong](http://www.headspace.org.au/Tuggeranong)

# CONFIDENTIAL

Today's Date: \_\_\_\_\_

## headspace Tuggeranong Self-Referral Form

\_\_\_\_/\_\_\_\_/\_\_\_\_

If you are unsure about making the referral, please give us a call on 6198 2920.

### Your Details

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Gender: \_\_\_\_\_ Sexuality: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Postal Address (if same, leave blank): \_\_\_\_\_

Mobile: \_\_\_\_\_ Can we leave a message for you on this number? Yes No

### Emergency Contact Details (E.g. family member, significant other, close friend)

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mobile: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

<i>Do you identify as</i>	<i>Aboriginal</i>	<i>Torres Strait Islander</i>	<i>Both</i>	<i>Neither</i>
<i>Ethnicity: .....</i>				
<i>Is English your preferred language?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No (specify preferred language) .....</i>				
<i>Do you have your own GP?</i>	Yes	No	Unsure	
<i>Do you have a mental health plan from the GP?</i>	Yes	No	Unsure	

I am over 16 years old.

or

I am under 16 years old and have consent from my parents/carers to approach and receive support from mental health care services.

## Young Person Referral Information

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**Presenting Concerns:** *What concerns do you have about your mental health and wellbeing?*

1.

2.

3.

**What kind of supports are you looking for?**

**Have trusted people in your life made suggestions about the kinds of support that might be helpful for you? If you are happy to share this, please do so below.**

**What resources and support do you have in your life (e.g. family supports, social network, others)?**

**What are your strengths and skills? Or what do other people say are your strengths and skills (e.g. resilient, organised, kind, good friend)?**

Concerns I have for myself or others have identified for me? Please provide any information that you think will be helpful for us to know.

*For example,*

*-How long this has been a concern?*

*-If you have had any support in the past, what was helpful?*

*-Who has the concern?*

Self-Injury

Suicidality

Risk to Themselves/Others

Other Risk Behaviours

**Other Services supporting you  
Currently**

**Previously**

**What service are you requesting from headspace (circle all that apply)?**

Mental Health

Physical and Sexual Health

Drug/Alcohol

Employment/Education

**Other information you think would be important for us to know (e.g. preference of gender for your worker, allergies or medication)?**

**By submitting this form, you are consenting to being contacted by headspace Tuggeranong for intake and support.**

**How to submit this form:**

**By Email:** [info@headspacetuggeranong.org.au](mailto:info@headspacetuggeranong.org.au)

**Fax:** 0262982921

**Drop it off** at our centre located at:  
167 Soward Way,  
Greenway, ACT, 2900

**Mail:** PO Box 1662 Tuggeranong DC, ACT  
2901