

Emergency contact (in case we can't reach the young person)

Name:

Relationship to young person:

Address:

Phone:

Details of Referrer- If you are completing this form for yourself you don't need to fill this in

Referred by (Name):

Relationship:

Organisation:

Address:

Phone:

Fax:

Email:

Additional Supports

Does the young person have a regular GP? Yes No Unknown

GP Name and Practice details:

Does the young person have a mental health care plan? Yes (please attach) No Unknown

Is the young person engaged with any other services?

(e.g., school counsellor, psychiatrist, paediatrician, disability support, housing, employment service etc.)

Referral details: Please describe the reasons for the referral below

for example, low mood, anxious, issues with close relationships, grief/loss, school avoidance, drug and alcohol, work issues, physical and or sexual health issues

Type of service(s) needed, if known:

Mental Health Physical Health Drug and Alcohol Vocational Support Sexual Health and Wellbeing

Other

Thank you for completing this referral

