

headspace Horsham Referral Form



Referral information about headspace Horsham

- headspace Horsham is a free service for young people aged 12yrs and up to 25yrs.
- At headspace Horsham we can only engage with young people who are happy and willing to engage and who have provided consent for this referral.
- headspace Horsham is unable to support with ADHD and ASD assessments.
- headspace Horsham is not a crisis service. Contact emergency services on 000 if the young person is in crisis or at acute risk of harming themselves or others. You may also contact the Grampians Area Mental Health triage line on 1300 247 647.
- headspace Horsham is a voluntary service. The young person may withdraw from the referral or headspace Horsham service at any time.

Has the young person agreed to this referral? Yes No

If no, please seek consent before proceeding with this referral.
headspace Horsham cannot proceed with this referral without the young person's consent.

Referral Date: _____

Details of young person

First name _____ Surname _____

Preferred name _____ Date of Birth _____

Gender male female trans male trans female gender neutral non-binary questioning

Pronouns he him his she her hers Their them they

Is the young person Aboriginal or Torres Strait Islander (ATSI)? Aboriginal Torres Strait Islander

Both Aboriginal and Torres Strait Islander Neither Aboriginal or Torres Strait Islander

Country of Birth _____ Main cultural background other than ATSI? _____

Language other than English? Is an interpreter required? _____

Address _____

Suburb/town _____ Post Code _____

Email _____ Mobile _____

Medicare # _____ Reference # _____ Expiry _____

Are there any alerts in regards to this referral that we should be aware of? (i.e. no parent contact, no letters home, etc) _____

Other contact details

emergency contact next of kin preferred contact person

Name _____ Mobile _____

Relationship to young person _____

Details of referral

(Primary reason for referral)

mental health drug and alcohol vocational GP services groups

other _____



Details of referrer (person completing this document)

Name _____ Relationship to young person _____
Organisation (if applicable) _____
Phone _____ Email _____

Additional referral details

Does the young person have a mental health care plan? Yes No
Does the young person have an NDIS plan? Yes No
Is the young person currently involved in other support services? Yes No
If so, what are they (this includes GP, community service, mental health services, etc

Presenting issues

- Anxiety
- Depression
- Bullying
- School issues
- Difficulty sleeping
- Relationship issues
- Stress
- Low self-esteem
- Grief and loss
- Anger
- Other _____
- Alcohol/drug use
- Physical Health
- Sexual Health
- Work issues
- Pregnancy/Parenting issues
- Pending legal matters
- Financial difficulty
- Learning disabilities
- Suicidal thoughts/behaviours
- Self-harm behaviour/threats
- History of trauma
- Sexual abuse
- Family Violence
- Physical Abuse
- Harm or threats to others
- Body image/disordered eating
- Gender and Identity

Please summarise the young person and what you hope headspace Horsham can help them achieve. Feel free to also add any relevant information not yet covered.

