

headspace Shellharbour and Kiama referral form



Shellharbour office: 4 Lake Entrance road, Warilla. Phone (02) 4225 5670

Kiama office opening to be announced soon

Return by email to headspaceshellharbour@gph.org.au or fax: (02) 4225 5671

Email or fax acknowledgment will be sent to confirm receipt of referral. Referred young people will typically be contacted within two business days of receipt of referral, or one day where risk is identified

First Name: Pronoun(optional): Date of Birth: Address: Contact number: SMS consent? Yes No Email: headspace is a voluntary service; referrals will not be accepted without the consent of the young person. Has the young person agreed to this referral? Yes No unsure If the young person is under 16, is a guardian aware of referral? Yes No 16 or over Guardian's name: Guardian's contact number: Is it okay to contact the guardian about this referral? Yes No 16 or over Obetails of Referrer Name: Service: Phone: Fax: Email: Will your service have continued involvement with the young person? Will your service have continued involvement with the young person? Will your service have continued involvement with the young person? Will your service details) Current safety concerns? Suicide Self harm Child protection Violence Other if yes provide details) Current safety concerns? Suicide Self harm Child protection Violence Other individual counselling Family Counselling Groups Peer Support Drug and Alcohol Other Preferred centre (skip if unsure) Shellharbour Kiama	Details of Young Person		Today's Date:				
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Please attach additional referral information such as IAR-DST (preferred), mental health treatment plan, intake assessment. If none are available please complete below questions



Additional	information attache	ed to referral?	Yes	No (complete question	s below)
What are	some of the current is	ssues?			
	Depression	Anxiety		Gender or Sexuality	Work or study issues
	Anger	Alcohol or drug	use	Isolation & relationships	Health/disability
	Family Conflict	Distress tolerand	ce	ADHD / autism	Other MH
Provide n	nore information below	ı (please include info	about du	uration, age of onset and pre-e	xisting diagnoses):
What imp	act has this had on the	e young persons wellk	being? (F	Please note any current sympto	oms, distress)
What has	been the impact on a	ctivities and relationsh	nips? <i>(e.</i>	g. family, friends, school, work	routine, etc)
What sup	ports does the young p	person have? (person	nal and p	rofessional supports)	
What are	the young person's go	als and objectives?			
Other Con	nments				

When emailing this form to headspace Shellharbour or Kiama, encrypt where possible. All forms of written communication involve an element of risk that information could be read by someone other than the intended recipient.