



Date: \_\_\_\_\_

Is the young person to attend **headspace** at Bathurst  OR Cowra

Is the young person (YP) aware of this referral? Yes  No

If under 16 years, are the parents/carers aware? Yes  No

Has an appointment already been made by phone? Yes  No

If yes, indicate date and time of appointment: \_\_\_\_\_

Does the young person provide consent for feedback to be given to the referrer? Yes  No

Client name: \_\_\_\_\_ Client DOB: \_\_\_\_\_

Client Address: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ (whose phone, ie young person, mum) \_\_\_\_\_

**Referred by:**

Contact Name: \_\_\_\_\_ Organisation: \_\_\_\_\_

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

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Postal Address: \_\_\_\_\_

**Reason for referral:**

Mental Health  Physical Health  Drug and Alcohol  Vocational  Other \_\_\_\_\_

Do you believe this young person is currently at risk of harm to themselves or other people? Yes  No

**Relevant Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Bathurst**

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