**Referral to headspace Canberra**

**170 Haydon Drive, Building 18, Level B, University of Canberra, BRUCE, ACT 2601**

**p: 02 6201 5343 | f: 02 6201 2345 | e:** [info@headspacecanberra.org](mailto:info@headspacecanberra.org)

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| --- | --- | --- | --- | --- |
| **Details of Young Person** | | | Today’s Date: | |
| Name: | | | Preferred name: | |
| Gender:  Male  Female  Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Date of Birth: | |
| Address: | | | | |
| Suburb: | | Postcode: | | |
| Phone (home): | | Phone (mobile): | | |
| Email: | | | | |
| Has the young person agreed to this referral? Yes  No  (**please note**: referrals will not be accepted without the consent of the young person)  Does the young person have a Mental Health Treatment Plan? Yes  No | | | | |
| If the young person is under 16 years, are the parents/carers aware of referral? Yes  No  Parents name:  Parents contact number: | | | | |
| Which contact/s would the young person prefer us to use? Home  Mobile  Email | | | | |
| Can we use SMS to confirm appointments? Yes  No | | | | |
| Medicare #: | | Reference #: | | Exp date: |
| **Details of Referrer** | | | | |
| Name: | Service: | | | |
| Address: | | | | Postcode: |
| Phone: | Fax: | | | |
| Email: | | | | |
| Will you or another person from your service have continued involvement with the young person?  Yes  No  Name: Phone: | | | | |
| Does the young person currently receive support from any other services? Please list the name of the service/s, a contact person and phone number: | | | | |
| **Details of Referral** | | | | |
| Primary reason for referral: Mental Health   Drug and Alcohol   Vocational | | | | |

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| **Profile of the Young Person** |
| Below are the areas **headspace** Canberrawill assess when the young person attends their appointment. To help us assist the young person, could you please outline any pertinent information you are aware of, under the relevant heading. If you are not sure about any particular area, or the young person doesn’t want to provide information on that area than it is fine to leave it blank. |
| **Home and Environment:** |
| **Education and Employment:** |
| **Activities and Friends:** |
| **Drugs and Alcohol:** |
| **Relationships and Sexuality:** |
| **Conduct Difficulties and Risk-Taking:** |
| **Anxiety and Eating:** |
| **Depression and Suicide:** |
| **Psychosis and Mania:** |

**Signature of Referrer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Young Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**