

SERVICE PROVIDER REFERRAL FORM FOR AGENCIES AND PROFESSIONALS

(Please ensure all sections are completed)



Please note that headspace Camperdown is NOT A CRISIS SERVICE or acute care mental health service. For mental health emergencies contact the Mental Health Line on 1800 011 511. Alternatively, direct your young person to present to their nearest emergency department.

Young person's details

Date:

Surname: _____ First name: _____
Gender: _____ Preferred name: _____ Date of birth: _____
Address: _____
Suburb: _____ Post code: _____
Home Phone: _____ Can we leave a message? Yes No Mobile: _____ Can we leave a message? Yes No
Indigenous Identity: Aboriginal Torres Strait Islander Both Neither
Educational Status (highest level obtained): _____ School/Institution: _____
Usual Occupation: _____ Employment Status: _____
If no longer at school/work, how long has this been the case?: _____

Is the young person on any Centrelink payments? (if so please list): _____

Consent

Has the young person consented to and provided permission for the referral: Yes No

Referrer Details

Name: _____ Relationship to young person: _____
Organisation: _____
Address: _____ Suburb: _____ Post code: _____
Email: _____ Contact number: _____

GP Details

Name: _____ Provider Number: _____
Address: _____
Mental Health Treatment Plan created? _____ Date of plan: _____

Next of Kin details

Next of Kin name: _____ Relationship: _____
Address: _____ Phone: _____
Can we contact next of kin? Yes No, unless in emergency If young person is not contactable

Presenting Problem

What is the main concern regarding this young person? (Include mental and physical health concerns, drug/alcohol and vocational issues)

What does the young person see as the problem?

Duration of the current problem:

Previous Mental Health Diagnoses/Treatment (by whom/dates/medications/include any developmental disabilities):

Risk (please tick if a current concern and provide additional detail):

Suicide/Self Harm	Harm to Others	Homelessness	Substance Misuse
Extreme Social Withdrawal	School Avoidance/Absenteeism		Psychosis/Mania
Other			

Detail:

What assistance would you like from headspace?

Please attach more information and detail if necessary.

Once completed, please send the form to headspace Camperdown via one of the following methods:

Fax: 9351 0946 Email: headspace.camperdown@sydney.edu.au Post: Level 2, 97 Church Street CAMPERDOWN 2050

NB: headspace Camperdown aim to confirm receipt of this referral within 3 working days.

If you have not heard from us, please call us ASAP.