

Headspace use only

Appointment Date: _____ Time: _____ Clinician: _____.

SRI noted in file title: Yes No N/A

Escalated to Senior Clinical/Lead: Yes No N/A

Referral Form- For Self Referral

Once completed please email to: hs.dubbo@marathonhealth.com.au

headspace is an early intervention and prevention service. If you (or the young person) are at risk of harm to yourself or to someone else, please either contact the Mental Health hotline on 1800 011 511 (24 hours) for appropriate services, go to your nearest hospital or call 000.

<i>Name (and Preferred Name)</i>		
<i>Date of Birth</i>		
<i>Gender</i>		
<i>Address</i>		
<i>Who with?</i>	<input type="checkbox"/> At home with family <input type="checkbox"/> Living alone <input type="checkbox"/> Staying with friends <input type="checkbox"/> Homeless <input type="checkbox"/> Refuge <input type="checkbox"/> Supported accommodation	
<i>Phone Number</i>		
<i>Email (optional)</i>		
<i>Emergency Contact Name: (relationship to client)</i>		<i>Emergency Contact number:</i>

Are you of Aboriginal or Torres Strait Islander background? Yes No

Are you from a Culturally and Linguistically Diverse background? Yes No

Are you at school, TAFE, University or working? Yes No

<i>Where?</i>	<i>Year / Level?</i>

1. <u>What are your current concerns?</u>
2. <u>Has something happened lately that has impacted you?</u>

3. Who are your current professional supports?

4. What would you/the young person like from headspace?

5. The following questions are about making sure you are safe:
Do you currently have thoughts about, or are you deliberately injuring yourself Yes No
Have you had previous thoughts of suicide? Yes No
If yes – when was the last time?
Do you have current thoughts of suicide Yes No
Do you have thoughts of hurting someone else Yes No
Have you ever experienced issues of domestic violence? Yes No

6. Is there anything else you would like to add?

7. Preference of Phone appointment
or Face to face appointment in centre

Do you have a GP? Yes No

<i>GP Name</i>	<i>Medical Centre / Practice</i>
----------------	----------------------------------

Is there a current Mental Health Treatment Plan? Yes No

Do you have a NDIS plan? Yes No