

Referral Form for Professionals

Referral Date: _____

headspace Contact Details	Phone	Fax
Mount Barker (Tuesday - Friday 9am – 5pm)	(08) 8398 4262	(08) 8398 4269

Referral Guidelines

headspace Mount Barker is funded by Country PHN, and administered by Murray Mallee GP Network, to provide a range of services for young people aged 12- 25 years, within the Fleurieu region.
headspace Mount Barker is a satellite site (not a full headspace service) - and is open from Tuesday to Friday 9am – 5pm.
headspace Mount Barker provides free, youth friendly and confidential service to young people aged 12-25 years.

The services available at headspace Mount Barker include:

- Psychosocial Support - group programs including LGBTIQ+ group, and a range of other groups which vary each school term.
- Brief Intervention Programs (6 Session Low Intensity Cognitive Behavioural Therapy) - for mild mental health issues, and may be offered to young people while on Waitlist.
- Counselling - for clients with Mild-Moderate Mental Health concerns under a GP Mental health Care Plan- services provided by private clinicians at headspace, no cost (6+4 sessions/ year).
- Mental Health Care Plans (10 sessions/year), with care provided by private providers, or salaried headspace staff depending on availability and need
- Complex Care – is for clients with severe problems in multiple areas, who are not considered at high risk of harm to self or others. This service may include counselling and care co-ordination, to ensure the young person has evidenced based care.
- Tele-psychiatry - for current Headspace clients
- GP- for medical issues, mental health and sexual health.
- Please note- we are unable to provide medico-legal reports, but may be able to provide a note of attendance

Important Information

- **Important information regarding your referral, please read:**
- In order for us to process this referral promptly, please ensure that you have included all relevant information
- headspace is a service for young people between the ages of 12 to 25. We can only engage with young people who have provided consent to the referral.
- headspace is not a crisis/ acute mental health service. If the young person is at high or acute risk of suicide or harm to others, please contact emergency services on 000.
- **Please note that receipt of the referral form does *not* indicate acceptance to the headspace services.** All decisions regarding referrals are made by the clinical team. Extra information may be sought from the referral source, young person, or their parents/ supports to help identify the best pathway for the young person. Referrals may be forwarded to an external service at times to best meet the young person’s needs. If you have any queries pertaining to your referral, please phone our service.
- **Waitlist-** given the demand for headspace services, there may be a waitlist at times. You will be advised by the Triage and Liaison Clinician at the time of your triage phone call. This waitlist is not monitored, and we request that you seek urgent help from your GP or local hospital should your situation change. We recommend a list of services which young people can access while they are on the waitlist, including eheadspace and Beyond Blue.

Young Person’s Details

Full Name: _____ Previous client? Yes No Unknown

Date of Birth: _____ Age: _____ Gender: Male Female Non-binary Transgender

Client Address: _____

Contact Number(s): _____ Email: _____

Centrelink Status: Unemployment Benefit Disability Support Pension Youth Allowance Student No Benefits Other (please specify) _____

Aboriginal or Torres Strait Islander? Yes <input type="checkbox"/> No <input type="checkbox"/> Country of Birth _____
Client's Key Contact Person (in case of emergency) Name: _____ Relationship to young person: _____ Phone: _____
Referrer's Details
Referrer Full Name: _____ Contact Number: _____ Email Address: _____ Relationship to young person: _____ Workplace if professional referral: _____
Is the young person involved in any Legal Issues? Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason for Referral? (what is the main problem that the young person is seeking help with?)
_____ _____ _____ _____ _____ _____
Professional Referrals (doctors, schools, health professionals, DCP) <ul style="list-style-type: none"> • Health professionals- please attach current Risk Assessment, Mental State Examination, summary of care episode and service requested • Schools/ educational / housing services - please include safety assessment and current summary of care
Other Information
Has the young person been asked to attend a GP to get a Mental Health Care plan? Yes <input type="checkbox"/> No <input type="checkbox"/> (strongly recommended for all referrals)
Does the young person have an existing GP? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Doctor's Name: _____ Practice Name: _____ Phone: _____
Consent and Privacy
The young person is aware of the referral and wants to attend headspace Yes <input type="checkbox"/> No <input type="checkbox"/>
Privacy: If the young person does not want their parents or carers to know about them accessing our services, please let us know and we will note this on their file. Doesn't Mind <input type="checkbox"/> Keep Private <input type="checkbox"/> (Note: Young people aged 16 years and under need to have a responsible adult involved)
OFFICE USE ONLY
Referral Received Date/Time _____ Entered to Mastercare by _____