



**headspace**

**Queanbeyan**

Street 98 Monaro Street (Cnr Crawford Street)  
Queanbeyan NSW 2620  
Mail PO Box 529, Queanbeyan NSW 2620  
Tel 02 6298 0300 Fax 02 6284 4405  
[headspace.org.au](http://headspace.org.au)

## Referral Form

**To be completed by services wishing to refer a young person  
to headspace Queanbeyan**

### Referral Criteria and Guidance

**headspace** Queanbeyan is a free, youth-friendly and confidential service available to young people aged 12-25 years, in the Queanbeyan and surrounding area. The services available at **headspace** Queanbeyan include:

- Youth Friendly GPs
- Alcohol & Drug Support
- Psychologist services (under a GP Mental Health Treatment Plan)
- Counselling
- Vocational support

**headspace** Queanbeyan work with young people experiencing mild to moderate mental health issues such as stress, anxiety, depression or grief.

**headspace** Queanbeyan is not an acute mental health / crisis service. If you have any immediate concerns regarding the safety of a young person, please call:

- |   |              |
|---|--------------|
| • NSW Mental Health Line                        | 1800 011 511 |
| • ACT Crisis Assessment & Treatment Team (CATT) | 1800 629 354 |
| • Kids Helpline                                 | 1800 551 800 |
| • Emergency services                            | 000          |

Please return the completed referral form to:

<b>headspace</b> Queanbeyan	Phone: 02 6298 0300
98 Monaro Street (Corner Crawford Street)	Fax: 02 6284 4405
Queanbeyan NSW 2620	

### Self-Referral

Young people can refer themselves to **headspace** Queanbeyan. Young people are encouraged to contact **headspace** Queanbeyan directly by either phoning, emailing or walk-in to the centre.

### Family and Friend Referral

Family, carers and friends can refer a young person to **headspace** Queanbeyan. Please contact **headspace** Queanbeyan directly by either phoning, emailing or walk-in to the centre.

Young Persons Details	
Has the young person consented to this referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	
Address	
Date of Birth	
Phone Number	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other:
Cultural Identity	<input type="checkbox"/> Aboriginal or Torres Strait Islander <input type="checkbox"/> CALD

Referring Service Details	
Date of Referral	
Name	
Address	
Organisation	
Position in Organisation	
Phone Number	
Email	

<p><b>Reason for Referral:</b></p> <p><i>Please include any information which may be useful to assist with the referral (e.g. mental health, drug and alcohol, vocational / educational or physical health including past / current risk assessments).</i></p>

Does the young person have an existing GP? ☐ Yes ☐ No ☐ Unsure  
 If yes, please detail:

Does the young person have an existing Mental Health Treatment Plan? ☐ Yes ☐ No ☐ Unsure

Does the young person require an interpreter? ☐ Yes ☐ No ☐ Unsure