

Referral Guidelines

About headspace Osborne Park

headspace Osborne Park is funded by **headspace**, the National Youth Mental Health Foundation, to provide a quality service system which promotes and facilitates the improvement of young people in the key areas of primary health, mental health, drug and alcohol-related issues, social recovery and vocational services.

headspace Osborne Park is a free, youth-friendly and confidential service available to young people aged 12 – 25 years, in the metropolitan region north of Perth.

Led by Black Swan Health, **headspace** Osborne Park, brings together a range of co-located community-based and government agencies, to provide a holistic service as a “one-stop-shop” for young people. We offer information, intake, assessment and referral.

The services available at **headspace** Osborne Park include:

- Youth Counsellor and Carer Support Worker
- Alcohol & Drug Nurse
- MBS Psychologist services (Under GP Mental Health Treatment Plans)

headspace Osborne Park is not an acute mental health/crisis service. If you have any immediate concerns regarding the safety/wellbeing of a young person, please call: Mental Health Emergency Response Line (MHERL) on 1800 555 788; Lifeline on 13 11 14; or Kids Helpline on 1800 55 1800. In an emergency, contact 000 immediately.

How to refer to headspace Osborne Park Psychologist

- ✓ **Complete MHTP for focused psychological intervention**
- ✓ **Complete attached headspace Osborne Park referral with client signature**
- ✓ **Fax or email to headspace Osborne Park - (08) 9208 9599 or info@headspaceospk.com.au**

Our Registered Psychologist is:

Carla Crossman

Registered Educational and Developmental Psychologist PSY0001604346

- Member of the Australian Psychological Society 040321
- Eligible Medicare Provider 4867181X
- Masters of Educational and Developmental Psychology
- Cognitive Behavioural Therapy
- Psychological Education
- Acceptance and Commitment Therapy (CBT informed)
- Motivational Interviewing
- Brief Solution Focused Therapy
- Mindfulness for Young People

Referral Form

Please ensure you have read and understood the attached **headspace** Osborne Park Referral Guidelines prior to completing this referral. Please forward completed referral to either info@headspaceospk.com.au, fax to (08) 9208 9599, post to PO Box 498, Osborne Park, WA, 6917 or hand deliver to Suite 2/145 Main Street, in Osborne Park. **Please follow up with a phone-call to ensure receipt of faxed referral.**

Date of Referral:		Young Person consented to referral? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Please note: Referrals will not be accepted without the signed consent of the young person.</i>			
Young Person's Details			
Name:		DOB:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Preferred Contact (e.g. phone, mobile, email, post):	
Name of NOK/Emergency Contact:		Relationship:	
		Contact Phone:	
Indigenous/Cultural Identity			
Referrer Details:			
Name:		Organisation and Position:	
Address:		Email:	
		Phone:	Fax:
Reason/s For Referral			
(Please include here any information which may be useful as background information to assist with the referral e.g. Mental Health, Drug and Alcohol, Vocational/Educational, Physical Health, including past/current risk assessments).			
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Does the young person have an existing GP? If yes, please provide details below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> As Above
Name:		Surgery/Practice/Clinic:	
Address:		Email:	
		Phone:	Fax:
Can we contact them?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Unsure
Does the young person have an existing GP Mental Health Treatment Plan? <u>If yes, please attach necessary details.</u>		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Recommended
Is the young person linked in with any other services?		If yes, please provide details:	

Consent to Referral

The **headspace** Osborne Park Referral Form collects information to assist **headspace** Osborne Park staff to help young people get access to the services they need as quickly as possible.

All information will be treated confidentially and will not be used for any other purposes than what is stated on our confidentiality statement and consent form (signed when the young person arrives for their appointment).

- I am aware that this referral is being made. I understand that I can withdraw from this referral or from the referred service at any time.
- I consent to **headspace** Osborne Park obtaining relevant information from government and community-based agencies, doctors and other allied health professionals, specifically relevant to my care whilst being a client of **headspace** Osborne Park

Signed: _____ Print Name: _____ Date: _____

If the young person is under 16 years of age, authorisation should (where possible) also be provided by a parent/guardian/carer.

Signed: _____ Print Name: _____ Date: _____