headspace Edinburgh North
COMMUNITY REFERRAL FORM

Referrer to complete form, fax to NHN on 8252 9433 and follow-up with a phone call to ensure receipt of referral. All details must be completed or referral shall be returned.

Please note: Medium to High risk young people may not be appropriate for this service.

Emergency mental health services can be contacted by calling 8161 7000 (under 18) or 13 14 65 (over 18).

Date of Referral:	

Client details

Name:			
DOB:		Gender:	
Address:		Phone:	
Parent or Guardian name:		Phone:	
Does the client identify as an Aboriginal or Torres Strait Islander or of a Culturally and Linguistically Diverse background?		☐ Yes	☐ No

Referrer details

Name:		Phone:		Fax:	
Organisation and Address:					

Reasons for referral: *(e.g. depression, substance use, anxiety, vocational assistance, etc)*

Tick each of the following options.

Is the young person currently having thoughts of suicide that you are aware of? ☐ Yes ☐ No

Does the young person have a current plan to end their life that you are aware of? ☐ Yes ☐ No

If you have answered YES to either of the above questions please contact us immediately on (08) 8209 0700 to discuss the referral suitability with the Clinical Lead.

If you are concerned about this person's risk to themselves or others, please indicate how

GP details

Does the client have an existing GP?	☐ Yes ☐ No *If yes, please provide details below.*				
Can we contact them?	☐ Yes ☐ No				
GP Name:		Phone:		Fax:	
GP practice location/address:					

Consent for Referral

I, _____ (young person), agree to be referred to headspace Edinburgh North

and give my permission for_____ *(Referrer's full name)* to

provide/receive written and verbal information to/from headspace Edinburgh North for the purpose of facilitating this referral.

Client signature: _____ *Date:* _____

For clients under 16 years (signed consent required by parent/guardian):

Carer name: _____ Carer signature: _____

headspace is funded by the Australian Government under the
Promoting Better Mental Health – Youth Mental Health Initiative.
Please fax completed referral form to Northern Health Network on (08) 8252 9433.