headspace
Townsville
Location Riverway, 2-14 Sporting Drive, Thuringowa Central QLD 4817
Mail PO Box 4661, Kirwan QLD 4817
Tel 07 4799 1799 Fax 07 4799 1798
headspace.org.au

Service Providers (non GP) & Schools referral form

Date of referral: / /

Given Name: _____

Surname: _____

Address: _____

_____

Post Code_____

Phone: _____

Sex: Male ❒ Female ❒

DOB: / /

Indigenous Status

Aboriginal/Torres Strait Islander:

Yes ❒ No ❒

Current Living Environment:

Live Alone ❒

Home with Parents ❒

Home with Care Giver ❒

Other (eg Crisis Accommodation) ❒

Contact person/carer details

Name: _____

Telephone: _____

Does the young person have a health care card? Yes ❒ No ❒

Has the client or person responsible consented to this referral?

Yes ❒ No ❒

Reason for referral:

Counselling Services ❒

Drug and Alcohol Intervention ❒

Social Recovery Groups ❒

Health Review/GP services ❒

Are there any known risks to self/others/staff?

Yes ❒ No ❒ If yes we will contact you for more information.

Referral notes:

_____

_____

_____

_____

_____

Referrer details:

Name: _____

Organisation: _____

Position: _____

Phone: _____

Please fax the completed form to

4799 1798