Referral to headspace Launceston



Address: Cnr Brisbane & Wellington St, Launceston TAS

Phone: (03) 6335 3100 Fax: (03) 6335 3127

Email: headspace@csys.com.au

Website: www.cornerstoneyouthservices.com.au/

Please Note: headspace Launceston is not an acute mental health service. If you have concerns for a persons immediate safety please contact the Mental Health Helpline on 1800 332 388. For urgent medical assistance please call: 000

Young Perso	ns Details:						
Name:					Gender:		
Date of Birth:							
Address:							
Home Phone:							
Email:							
	would the young person pro						
Mobile	Home Phone	Email	Voice	email	Letter		
Referrer Info	rmation						
Name:							
Work Number:			Fax:				
Your Position:			Your Organisat	ion:			
Will you or another person have continued involvement with the young person?			Does the young person currently receive support from any other services? .				
YES	NO		YES	NO			
If yes, please lis	t the name of the service/s,	a contact pers	on and phone nu	umber belov	N:		
-	voluntary service. Have you	confirmed wit	h the young pers	son that you	are sending this referral?		
YES	NO						
Referrer Signature:				Date:			

Appointments:				
Who should headspace	e Launceston contact to m	nake an appointment?		
Young person	Referrer			
What is the reason for	referral?			
Is the Referral Urgent?	:	Does the youn	a nerson ha	ve a Mental Health Plan?
URGENT	ROUTINE	YES	NO NO	If YES, please attach.
Risk Factors if Urgent:				

Reason For Referral

Other

Situational STI Health Testing **Mental Health** Conflict in home environment Contraception Homeless or at risk Anxiety Other Bullying in school Stress Related **Alcohol & Other Drugs** Suicidal Thoughts/Behaviour Violence Alcohol At risk of social isolation Depression Tobacco Anger issues Trauma Marijuana Sexual Assault Risk Taking

Sexual Health

Other

Please return this form to headspace Launceston

Other

Email: headspace@csys.com.au Fax: (03) 6335 3127 Mail: PO box 7513, Launceston, TAS 7250