headspace Miranda SERVICE PROVIDER REFERRAL FORM

headspace
Miranda
Suite 5/522 Kingsway, Miranda NSW 2228
Tel 02 9575 1500 Fax 02 9575 1544
headspace.org.au

Please fax referral to 02 9575 1544 or email to headspace.miranda@cesphn.com.au

Please ensure all sections are completed, UPPERCASE and legible.

Our Intake Officers may be contacted during business hours on 02 9575 1500.

Please note that we are NOT A CRISIS SERVICE. If crisis assistance is required, please call the NSW Mental Health Triage on 1800 011 511. Alternatively, direct your YP to an accident & emergency department of their nearest hospital.

Has the Young Person (YP) consented to referral?	Yes		If "NO" this referral cannot be accepted.				
If the YP is under 16 years & living with parents/carers, are they aware?	Yes		No		N/A		

YOUNG PERSON'S DETAILS:							
First Name:		Surname:					
Preferred Name:							
DOB:		Age:		Gender:			
Street Address:							
Suburb:				Post Code:			
Home Phone:				Can we leave a message?			
Mobile:				Can we leave a message?			
Email:							
Can we post letters to the above address?				YES		NO		UNKNOWN	

NEXT OF KIN (NOK) DETAILS:					
Name:					
Relationship:					
Street Address:	As Above				
Suburb:			Post Code:		

Phone:		Mobile:					
Can we contact NOK?			Yes		Emergency Only		

REFERRER'S DETAILS:							
Name of referrer:							
Relationship to YP:							
Organisation Name:							
Street Address:							
Suburb:				Post Code:			
Phone:		Fax:		Mobile:			
Email:							

Would you like to attend the initial appointment?	YES		NO		UNKNOWN		

YOUNG PERSON'S MEDICAL INFORMATION							
Does the YP have their own GP?	YES		NO		UNKNOWN		
Details (name, practice, address, phone):							
Has the YP ever received prior Mental Health care or has had other worker involved in their care?	YES		NO		UNKNOWN		
Details (please list service & duration):							
Does the YP have a Mental Health Care Plan?	YES		NO		UNKNOWN		
Date:							
Medicare Number:		EXP:		REF:			

YOUNG PERSON'S CULTURE:											
Aboriginal		Torres Strait Islander		Both		Neither		Not Stated		Refugee	
Family of origin/nationality:											
Risk of homelessness?	YES		NO								

REFERRAL DETAILS:

What is the main concern regarding this young person?
What does the YOUNG PERSON see as the problem?
Duration of the current problem:
Current Risk Taking (**suicide, self-harm, homicide**, risk taking behaviours, drug & alcohol as well as any relevant history or past attempts):
Further details relevant to presenting problem (lives with, mood, appetite, sleep, home environment, education/employment, relationships)
What assistance would you like from headspace Miranda?

The referrer agrees that all information submitted in this referral is an accurate reflection of the client's support needs, is correct with no information withheld for the organization to fulfil its duty of care to clients, staff and other partner agencies.

Referrer signature: _____ Date: _____