**Date of Referral: ………………………....**

|  |  |  |
| --- | --- | --- |
| **Name:** | **D.O.B.:** | **Gender:** |
| **Address:** | **Phone:** | **Email:** |

**Young Person Details**  *If under 16, is the parent or caregiver aware of the referral?* Yes  No  *Cultural background:* Aboriginal  Torres Strait Islander  Culturally and Linguistically Diverse  *Best method of contact:* SMS  Email  Letter  Mobile

**Emergency Contact**

|  |  |
| --- | --- |
| **Name:** | **Phone:** |
| **Relationship to Young Person:** | |

**Referrer Details**

|  |  |
| --- | --- |
| **Name:** | **Contact Number:** |
| **Organisation:** | **Contact Fax Number:** |
| **Email Address:** | **Relationship to Young Person:** |

**GP Details**

|  |  |
| --- | --- |
| **Name:** | **Phone: Fax:** |
| **Practice:** | **Address:** |

(please circle)

**Are any other services involved in supporting this young person? Yes No**

|  |
| --- |
| **Name: Phone:** |
| **Organisation:** |

## **Reason for Referral** Please provide us with some information about the main reason for referring this young person including note of any current risk issues. *Please note: If the young person being referred needs an immediate service/assistance please contact Emergency Mental Health Services on 8161 7000 (under 16) or 13 14 65 (over 16).*

|  |
| --- |
| **Plan:** |

**Young Person and Carer Consent for Referral and Information**

I (young person) , being 16 years or older, agree to be referred to **headspace** Adelaide and give my permission for (referrer’s name) to exchange information with **headspace** Adelaide for the purpose of this referral.I (carer) agree for (young person) to be referred to **headspace** Adelaide and for information to be shared as above.

Young person signature ……………………………………………………….. Date .……………………………

Referrer/Carer signature ………………………………………………………. Date …………………………….

**Office Use Only**

**Appointment Booked** (please circle): headspace clinician private clinician GP MATT UHR CCT

**Date and time of booked appointment:** …………………………..

**Referred elsewhere (details):**

**Person completing this form: Date: / / Time:**