Referral Form  
(Type in answers, click on the check boxes or select from the pre-set answers provided by a drop-down list)

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| Has the young person consented to the referral?   Yes  No |
| Has the young person been informed about the PROFILE database their personal information will be stored on at **headspace**?  Yes  No |
| If parents/ carers are supporting a young person aged under 16 years are they aware of the referral?  Yes  No |
| **Please note that we are not a crisis service. If crisis assistance is required, please direct the young person to their closest police station or accident and emergency department.** |

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| **Referrer’s Details** | |
| Date: Click here to enter a date. | |
| Name: Click here to enter text. | |
| Organisation/School: Click here to enter text. | Position: Click here to enter text. |
| Email: Click here to enter text. | |
| Contact Phone Number: Click here to enter text. | |

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| **Young Person’s Details** | |
| Surname: Click here to enter text. | |
| Given Names: Click here to enter text. | |
| Preferred Name: Click here to enter text. | Alias: Click here to enter text. |
| Date of Birth: Click here to enter text. | |
| Gender:  Male  Female  Transgender  Other | |
| Contact Phone Number: Click here to enter text. | |

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| **Next Of Kin Details** | | |
| Name: Click here to enter text. | | |
| Relationship to young person: Click here to enter text. | | |
| Street Address: Click here to enter text. | | |
| Suburb/Town: Click here to enter text. | State: | Postcode: |
| Contact Phone Number: Click here to enter text. | | |

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| **Home Living Address** | | |
| Street Address: Click here to enter text. | | |
| Suburb/Town: Click here to enter text. | State: | Postcode: |

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| **Where is the young person currently living?**  At home with family/guardian  Shared accommodation  Refuge/crisis accommodation  Staying with friends’  Med-long term accommodation  Living alone  Other: Click here to enter text. |

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| **Education/Employment Level** |
| Current education facility attending  School  TAFE  Uni |
| Current year or education level achieved  <Year 10  Year 11  Year 12  Tertiary |
| Is the young person employed?  Yes  No |

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| **Cultural Identity** | |
| Does the young person identify as:  Aboriginal  Torres Strait Islander  Aboriginal & Torres Strait Islander  Non-indigenous | |
| Does the young person come from a refugee background?  Yes  No | |
| Interpreter Required?  Yes  No | If ‘Yes’ which language?  Click here to enter text. |

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| **Are other services also involved in the young person’s care?**   Yes  No  If ‘Yes’, please list: Click here to enter text. |

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| **Reason for Referral:** Click here to enter text. |

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| **Please include any additional information which may be useful to the referral such as background information (ie – home and environment, education and employment, activities and friends, drug and alcohol use, relationships and sexuality, conduct difficulties and risk taking, anxiety, depression, suicide and psychosis).** Click here to enter text. |

**Please return completed forms via fax 02 6024 5792**

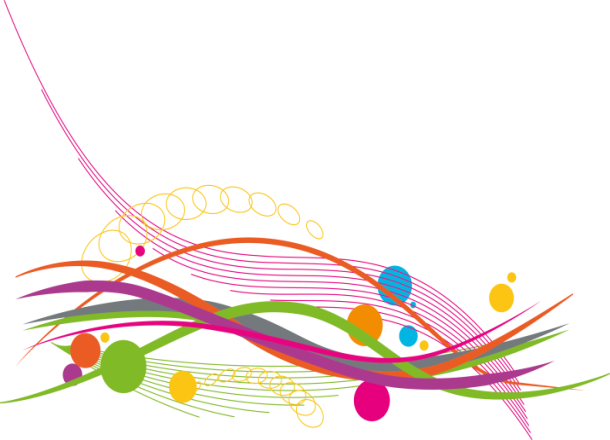
For additional information, you can contact headspace Albury Wodonga on (02) 6055 9555 or email: [headspaceAW@gatewayhealth.org.au](mailto:headspaceAW@gatewayhealth.org.au)

headspace Albury Wodonga collect information and it is stored on a database. Information on this database is accessed by all staff at headspace Albury Wodonga including staff from other services.

Services that you are involved with outside of headspace Albury Wodonga cannot access your information.

If you have any concerns or want to discuss this further, please contact headspace Albury Wodonga staff on (02) 6055 9555

Thank you.

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