# Referrer to complete form, fax to headspace Mildura (fax: 5023 6760) and follow-up with phone call (5021 2400) to ensure receipt of referral.

Referral criteria: 12-25 years old, early intervention.

\****Please note headspace Mildura is not an acute mental health/crisis service. If the matter is urgent contact Mildura Mental Health Service Triage on 5022 3500.***

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| **REFERRER’S DETAILS** | |
| Agency/Position: |  |
| Name: |  |
| Contact details: |  |

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| **CLIENT INFORMATION** | | | | | | | | | | |
| Surname: |  | | Given names: | | |  | | | | |
| Preferred name: |  | | Date of birth: | | |  | | Age: |  | M/F |
| Address: |  | | | | | | | | | |
| Phone: |  | | | Email: | |  | | | | |
| Does the young person identify as: 🞎 Aboriginal 🞎 Torres Strait Islander 🞎 Other | | | | | | | | | | |
| Preferred language: | | | | | Interpreter required: 🞎 Yes 🞎 No | | | | | |
| Emergency contact name: | | | | | | | Relationship: | | | |
| Address: | | | | | | | Phone: | | | |
| Is the client linked with other services?  Yes 🞎 No 🞎 | | If “Yes” please provide details (including GP): | | | | | | | | |

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| **REASON FOR REFERRAL** |
| What is the reason for referral and any relevant history? |
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| Please tick all applicable boxes: |
| 🞎 Drug & Alcohol issues 🞎 Youth Justice involvement 🞎 Conflict with parents  🞎 School issues 🞎 Mental Health issues 🞎 Physical Health concerns  🞎 Housing issues 🞎 Education/employment matters |

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| **CLIENT CONSENT** |
| This referral must be discussed with the client. **headspace** Mildura is unable to contact the client without their consent.  Do you have the client’s consent for this referral?  Yes  No  (*Where possible, please have the client sign below*)  If under 16 years of age, are the parents/carers aware of this referral?  Yes  No |

Client signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Referrer’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **OFFICE USE ONLY** | |
| Referral status: |  Accepted  Declined Date received: |
| Action taken: |  |