Referral to headspace Devonport

Level 1, 33-35 Steele Street, Devonport, TAS 7310
P: 03 6424 2144 F:03 6424 6102

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

Young Person's Details:	DOB:	Referral date:
Name:	Preferred Name:	
Address:		
Phone (Home):	Phone (Mobile):	
Gender (optional):		
Which contact/s would the young person prefer us to use?	Home: ☐ Mobile: ☐	Email: ☐
Can we use SMS to confirm appointments?	Yes: ☐	No: ☐
Email:		
Referrer information:		
Your Name:	Phone:	
Your Organisation & Position		
Your relationship to young person:	Your email:	
Will you or another person from your service have continued involvement with the young person?	Yes: ☐ No: ☐	
Does the young person currently receive support from any other services? Please list the name of the service/s, a contact person and phone number (use other side of page if necessary)		
headspace is a voluntary service. Have you confirmed with the young person that you are sending this referral?		
Appointments:		
Who should headspace Devonport contact to make an appointment? (please ensure contact number is provided)	Young Person: ☐	Referrer: ☐

Please note: Young people are routinely asked if they consent to **headspace** telling anybody else (family, friend, partner or supporting organisation) about their appointment attendance. Sharing additional information needs to be formally arranged with the young person's consent.

What is the reason for referral?		**(See Over for Options)**
Brief Summary:		
Is the Referral Urgent?:	Urgent: ☐	Routine: ☐
Risk Factors if Urgent:		
Does the young person have a Mental Health Plan?	Yes: ☐ (Please Attach)	No: ☐
Have any assessments been completed?	Yes: ☐ (Please Attach)	No: ☐

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Mental Health:			
Anxiety	☐	Stress related	☐
Suicidal thoughts/behaviour	☐	Depression	☐
Risk taking	☐	Trauma	☐
Comments (optional)			

Sexual Health:			
STI health testing	☐	Contraception	☐
Comments (optional)			

Alcohol and Other Drugs:			
Alcohol Use	☐	Other Substance Use	☐
Comments (optional)			

Situational:			
Conflict in home environment	☐	Homeless or at risk	☐
Bullying in school	☐	Violence	☐
At risk of social isolation	☐	Anger issues	☐
Comments (optional)			

Please return this form to **headspace** Devonport

Email: headspace@cornerstoneyouthservices.com.au **Fax:** 03 6424 6102 **Phone:** 03 6424 2144