



headspace  
Launceston

# SELF REFERRAL FORM

**For yourself, family or friend.....**

**STOP** Professional referrer, please use 'professional referral form'

**PLEASE RETURN COMPLETED FORM TO:**

**Address:** Cnr Brisbane & Wellington St, Launceston TAS **Phone:** (03) 6335 3100 **Fax:** (03) 6335 3127

**Email:** [headspace@csys.com.au](mailto:headspace@csys.com.au) **Website:** [www.cornerstoneyouthservices.com.au](http://www.cornerstoneyouthservices.com.au)

**Please Note:** headspace Launceston is not an acute mental health service or crisis service. If you have concerns for your own or someone's immediate safety please contact the Mental Health Helpline on 1800 332 388. For urgent medical assistance please call: 000.

**YOUNG PERSON DETAILS:**

**Contact details:** First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Which contact/s would you prefer us to use? (You can Tick more than one)

☐ Mobile ☐ Home ☐ Phone ☐ Email ☐ Voicemail ☐ Letter

When is the best time / day to contact you? \_\_\_\_\_

Are you Aboriginal or Torres Strait Islander? YES / NO / BOTH (Please Circle)

Preferred Language \_\_\_\_\_

Do you require an Interpreter YES / NO (please circle)

**Supports:**

If under 16 are your parents / carers aware of this referral? YES / NO (please circle)

Do you currently access any other support organisations? YES / NO (please circle)

Do you have an NDIS Plan YES / NO (please circle)

Do you have a current Mental Health Care Plan YES / NO (please circle)

Is there a Family Member / worker you would like us to speak to? YES / NO (please circle)

Please list name of Family Member/worker you would like us to speak to.

Name \_\_\_\_\_ Phone/Mob \_\_\_\_\_

Relationship to you? \_\_\_\_\_

**Emergency Contact / Next of Kin MUST BE OVER 18:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Relationship to You \_\_\_\_\_ Phone \_\_\_\_\_

**Medicare and Centrelink information:**

Medicare Card Number \_ \_ \_ \_ \_ / \_ Ref \_ \_ Line Number \_ Exp Date \_ \_ / \_ \_ / \_ \_

Do you have a regular Doctor? Name \_\_\_\_\_ Medical Practice \_\_\_\_\_

Do you have a Health Care Card or Pension Card? YES / NO

Centrelink Reference Number \_ \_ \_ \_ \_ / \_ Expiry Date \_ \_ / \_ \_ / \_ \_

**REFERRER INFORMATION:** (if a family member / carer / friend has completed this form)

Name: \_\_\_\_\_ Relationship to Young person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email \_\_\_\_\_

Is the young person aware of this referral? YES / NO (please circle)

Please note we are unable to make contact with them if No.

**REASON FOR CONTACTING headspace Launceston:**

Please tell us the main issues that bring you to headspace Launceston \*Greatest problem

**Health:** Are there any general health issues limiting your day to day or social activities? YES / NO

**Drug and Alcohol:** Are drugs and/or alcohol having a negative impact on areas of your health or lifestyle?  
YES/NO

**Education and Training:** Do you require support with education, training and/or employment  
YES / NO

**Other Info:** - if you don't know where what is happening for you fits, tell us more here.

**PRIVACY:** Your privacy is important to us. This info will be kept confidential and used only to give you the best care possible. Have you read the headspace 'Just between us' confidentiality statement? YES / NO (Please circle)

Signature\_\_\_\_\_ Date\_\_\_\_\_

Office use only: Admin Signature

Date\_\_ / \_\_ / \_\_ Time \_\_ : \_\_ am/pm



## **‘JUST BETWEEN US’**

When you see a worker at headspace they will talk to you about confidentiality and what that means for the information you share with us. We will need to ask for your name and where you live, as well as a contact number in case we need to change an appointment time or give you some medical results. We will also write some notes and keep a record of the reason you have come here. Your files will be scanned into our computer system and the then paper document is shredded. Only authorised staff members can access them e.g. admin, your case manager or doctor. If you would like a copy of your notes you can ask for them at any time.

Sometimes you might need to see more than one worker such as the Doctor and a Social Worker, so some information may be shared between workers, that way you don't have to repeat your circumstances each time you visit. This also means we don't share information about you or your situation to anyone outside the headspace team without your express permission, unless:

- If you or someone else is in serious danger (e.g. suicide, violence, drug overdose, medical emergency)
- We might need to inform the police about a serious crime you or someone else was involved in.
- If you are reported missing, we will tell the police that you are ok, but we will not tell the police or your family where you are.
- If you are under 18 and tell us that you have been abused by someone, or you tell us about someone who is under 18 and is/has been abused.

There might be times where you say we can share some of your information with other organizations for e.g. a specialist doctor or another agency better suited to your current situation. You might also ask us to talk to other organizations to help you out, e.g. Centrelink, Youth Justice or your school. Sometimes we might ask your permission to get information about you from other organisations you have seen in the past. Your case worker will speak with you first before speaking to another service on your behalf.