

Referral to headspace Devonport



Address: 64 Stewart St, Devonport, Tasmania, 7310

Phone: (03) 6424 2144 **Fax:** (03) 6424 6102

Email: headspace@csys.com.au

Website: www.cornerstoneyouthservices.com.au/

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

Young Persons Details:

Name: _____ Gender: _____

Date of Birth: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Which contact/s would the young person prefer us to use?

Mobile

Home Phone

Email

Voicemail

Letter

Referrer Information

Name: _____

Work Number: _____ Fax: _____

Email: _____

Your Position: _____ Your Organisation: _____

Will you or another person have continued involvement with the young person?

YES

NO

Does the young person currently receive support from any other services? .

YES

NO

If yes, please list the name of the service/s, a contact person and phone number below:

headspace is a voluntary service. Have you confirmed with the young person that you are sending this referral?

YES

NO

Referrer Signature: _____ Date: _____

Appointments:

Who should headspace Devonport contact to make an appointment?

Young person Referrer

What is the reason for referral?

Is the Referral Urgent?:

URGENT

ROUTINE

Does the young person have a Mental Health Plan?

YES

NO

If YES, please attach.

Risk Factors if Urgent:

Reason For Referral

Situational

Conflict in home environment
Homeless or at risk
Bullying in school
Violence
At risk of social isolation
Anger issues
Sexual Assault
Other

Mental Health

Anxiety
Stress Related
Suicidal Thoughts/Behaviour
Depression
Trauma
Risk Taking
Other

Sexual Health

STI Health Testing
Contraception
Other

Alcohol & Other Drugs

Alcohol
Tobacco
Marijuana
Other

Please return this form to headspace Devonport

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