headspace Osborne Park Referral Form

Please sign and submit the completed form to info@headspaceospk.com.au or fax to 9208 9599. Referrals will not be accepted without the signed consent of the young person (see overleaf).
*This referral should be discussed with the young person who has agreed to the referral to **headspace** and the sharing of information related to this referral*

Name of young person		**Date of Referral** ___ / ___ / ____
Gender Identity		**D.O.B.** ___ / ___ / _____
Is the young person of Aboriginal and or Torres Strait Islander descent? (tick as appropriate) ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, Aboriginal & Torres Strait Islander ☐ No		
Does the young person or their parent/guardian require an interpreter and if so, in which language?		
Address	Street name: _____ Suburb: _____ Postcode: _____	
Contact details (of parent/guardian if primary contact)	Mobile: _____ Home Phone: _____ Email: _____	
Preferred contact	☐ Mobile ☐ Home Phone ☐ Email ☐ Post	
Next of Kin/Emergency contact name		**Relationship** **Phone**
GP Name		**Practice Name**
Practice Phone		**Practice Email**
Can we contact the GP?	Yes No Unsure	
Referrer name (if different to the GP)		**Email**
Agency & Position		**Phone**
Reason for referral (including mental health or drug and alcohol history / previous treatment, physical health, vocational/ educational)		

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t: 08 9208 9555 **f:** 08 9208 9599 **e**: info@headspaceospk.com.au
Service location: Black Swan Health (lead agency for **headspace** Osborne Park)
290 Scarborough Beach Road, Osborne Park, WA 6017

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Risk taking behaviours (self-harm, suicide ideation, substance use, aggression, self-neglect)	
Involvement with other agencies / services (if yes, please provide details)	
Relevant medical details (please attach an existing GP Mental Health Treatment Plan if applicable)	

Consent by Young Person to headspace Osborne Park referral

Signature: _____ Date: ___ / ___ / _____

Print Name: _____

Consent by Young Person's parent or caregiver (required if the young person is under 16 years of age)

Signature: _____ Date: ___ / ___ / _____

Print Name: _____ Relationship: _____

Referrer

Signature: _____ Date: ___ / ___ / _____

Print Name: _____

Office use only

Confirmation sent by (name) _____ on (date) ___ / _____ / _____

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