**Referral Form**

People who are eligible:

|  |  |
| --- | --- |
| * People with low income (e.g. health care card holders
 | * People from cultural and linguistically diverse (CALD) backgrounds
 |
| * People experiencing perinatal depression
 | * Children under the age of 12 years
 |
| * People in areas impacted by natural disaster (e.g. drought)
 | * People experiencing short-term displacement or homelessness
 |
| * People who live in rural or remote areas
 | * People not in receipt of a NDIS plan
 |
| * People who identify as Aboriginal and/or Torres Strait Islander
 | * People experiencing or at risk of domestic violence
 |
| * People who identify as LGBTIQA+
 |  |

\*Please note a referral to headspace for children over 12 years of age is recommended.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title:** | **First Name:** | **Preferred Name** | **Surname:** |
| Choose an item. |  |  |  |

|  |  |  |
| --- | --- | --- |
| **DOB:** | **Gender:** | **Pronouns:** |
|  | Choose an item. |  |

|  |  |  |
| --- | --- | --- |
| **Address:** | **Phone:** | **Email:** |
|  |  |  |
|  |

|  |  |  |
| --- | --- | --- |
| **Country of birth:** | **Main language:** | **Interpreter required:** |
|  | Choose an item. | Choose an item. |

|  |  |  |
| --- | --- | --- |
| **ATSI:** | **Homeless:** | **NDIS:** |
| Choose an item. | Choose an item. | Choose an item. |

**Guardian u/16 and/or NOK**

|  |  |  |
| --- | --- | --- |
| **Name:** | **Phone:** | **Relationship:** |
|  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Referrer Profession:** | **Name:** | **Phone:** | **Fax:** | **Organisation:** |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Suicide prevention referral:** | **Diagnosis:** | **Other Diagnosis:** |
| Choose an item. |  |  |

|  |  |  |
| --- | --- | --- |
| **AOD Use:** | **Main Substance:** | **Other Substance:** |
| Choose an item. |  |  |

|  |  |
| --- | --- |
| **Severity of symptoms:** | Choose an item. |
| **Risk of harm:** | Choose an item. |
| **Functioning:** | Choose an item. |
| **Co-existing conditions:** | Choose an item. |

|  |  |
| --- | --- |
| **Treatment / Recovery HX:** | Choose an item. |
| **Social and environmental** **stressors:** | Choose an item. |
| **Family and other supports:** | Choose an item. |
| **Engagement and motivation:** | Choose an item. |