



## headspace Inala Referral Form

headspace Inala is an established mental health service, focused on delivering improvements in the lives of young people aged 12 to 25 years. Our multi-disciplinary team of health professionals provides early-intervention supports to young people in the areas of primary health, mental health, drug and alcohol services, and vocation and education services.

Acceptance of referrals is not guaranteed. All referrals will be triaged by our intake team to assess eligibility and suitability. The outcomes will be provided to referrers via telephone, email or fax.

### Referral Details

Referral date	
Referrer name	
Referrer relationship to young person	
Referrer title and organisation (or n/a)	
Referrer contact number	
Referrer email address	

### Please confirm:

- ☐ The young person has provided consent for this referral.  
☐ If under 15 years, the parent/carer of the young person has provided consent for this referral.

### Young Person's Details

Full name		Date of birth	
Preferred first name		Gender identity	
Street Address			
Suburb		Postcode	
Contact number			
Email address			
Country of birth		Ethnicity	
Interpreter required?	<input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, language of interpreter:		
Does the young person identify as a member of one of the following groups?	<input type="checkbox"/> Aboriginal <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Neither		

### Parent or Carer Details (if applicable)

Full name			
Relationship to young person			
Street Address			
Suburb		Postcode	
Contact number			
Email address			

## Referral Information and Presenting Issues

<p><b>Mental health</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anxiety</li> <li><input type="checkbox"/> Depression</li> <li><input type="checkbox"/> Schizophrenia/Schizoaffective disorder</li> <li><input type="checkbox"/> Bipolar Affective Disorder</li> <li><input type="checkbox"/> Personality disorder</li> <li><input type="checkbox"/> PTSD/trauma history</li> <li><input type="checkbox"/> Eating problems/disorder</li> <li><input type="checkbox"/> Autism Spectrum Disorder (including Asperger's)</li> <li><input type="checkbox"/> ADHD</li> <li><input type="checkbox"/> Physical disability</li> <li><input type="checkbox"/> Intellectual disability</li> <li><input type="checkbox"/> Drug or alcohol use/problem</li> <li><input type="checkbox"/> Anger management issues</li> <li><input type="checkbox"/> Grief and loss</li> <li><input type="checkbox"/> Sexual identity concerns</li> <li><input type="checkbox"/> Gender identity concerns</li> <li><input type="checkbox"/> Physical health concerns</li> <li><input type="checkbox"/> Sexual health concerns</li> </ul> <p><b>Legal issues</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Youth Justice/Probation and Parole client</li> <li><input type="checkbox"/> Past or present contact with Child Safety</li> <li><input type="checkbox"/> Pending legal matters</li> </ul> <p><b>Social issues</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Financial difficulties</li> <li><input type="checkbox"/> Family problems</li> <li><input type="checkbox"/> Social/peer problems (including bullying)</li> <li><input type="checkbox"/> School expulsions/suspensions</li> <li><input type="checkbox"/> Domestic violence</li> <li><input type="checkbox"/> Sexual abuse</li> <li><input type="checkbox"/> Physical abuse</li> <li><input type="checkbox"/> Relationship concerns</li> </ul>	<p><b>Behaviours/concerns</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Withdrawn/isolated</li> <li><input type="checkbox"/> Crying</li> <li><input type="checkbox"/> Difficulty sleeping/sleeping too much</li> <li><input type="checkbox"/> Refusing school</li> <li><input type="checkbox"/> Low self-esteem</li> <li><input type="checkbox"/> Body image problems</li> <li><input type="checkbox"/> Not themselves/personality change</li> <li><input type="checkbox"/> Snappy/irritable/grumpy</li> <li><input type="checkbox"/> Stressed/worried more than usual</li> <li><input type="checkbox"/> Lack of motivation/not interested</li> <li><input type="checkbox"/> School grades/behaviour declining</li> </ul> <p><b>Risk</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Self-harming behaviours</li> <li><input type="checkbox"/> Thoughts of suicide</li> <li><input type="checkbox"/> Threats to others (verbal)</li> <li><input type="checkbox"/> Harm to others (aggressive)</li> <li><input type="checkbox"/> Recent presentation to hospital</li> <li><input type="checkbox"/> History of hospitalisation</li> <li><input type="checkbox"/> History of suicidal behaviour</li> <li><input type="checkbox"/> Criminal activity/police involvement</li> </ul> <p><b>Other (not listed above):</b></p>  <p><b>Please specify any formal diagnoses:</b></p>
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### Details and More Information

*Please provide as much information as possible about the young person's presenting issues and current needs, to inform our assessment and care of them.*

### Emergency and Crisis Support

If the young person is in distress or at immediate risk of harm (or harming someone else), you must call 000, or present with them to the closest hospital emergency department. headspace Inala is not an emergency or crisis service and does not provide after-hours support.

- Lifeline 13 11 14
- eheadspace 1800 650 890
- Kids Helpline 1800 55 1800
- Suicide Call Back Service 1300 659 890
- Mental Health Access Line 1300 64 22 55

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**Please email this form to headspace Inala at [headspaceinala@accoras.org.au](mailto:headspaceinala@accoras.org.au).**

**We will acknowledge your referral within two working days.**

**For any non-urgent questions, please email us, or call (07) 3727 5000.**