

GOLD COAST HEALTH CHILD AND YOUTH MENTAL HEALTH SERVICE

SCHOOL REFERRAL

Please note this document was developed to be used as a guide in supporting school staff when providing additional information to support a referral to Child and Youth Mental Health Service (CYMHS). All referrals to CYMHS must be phoned through in the first instance to ensure the referral has been received. Please ensure the personal information included on this form has been collected and distributed with the **informed consent** of the young person/parent/carer. If the young person is at immediate risk of injury to themselves or others, please call CYMHS Access Team on **1300 MH CALL** (1300 64 22 55) or emergency services on 000.

REFERRER DETAILS

Name:		Date of referral:	
School:		Contact:	
Position:		Email:	

YOUNG PERSON'S DETAILS

First name/s:		Surname:	
Preferred Name:		DOB:	
Sex at birth:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Intersex
Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Non-Binary
Pronouns:	<input type="checkbox"/> He/Him	<input type="checkbox"/> She/Her	<input type="checkbox"/> They/Them
Address:		Postcode:	
Phone:	(H)		
	(M)		
NDIS:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
Cultural Identity	<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander	<input type="checkbox"/> Non-Indigenous
Is the young person aware of this referral?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

ACCOMODATION TYPE

- Rented House or Flat (Not Dept Housing)
 Rented House or Flat (Dept Housing)
 Privately owned House or Flat
 Caravan/Boat
 Hotel/Motel
 Boarding House/Hostel
 Friends/Family home
 Homeless

WHO DOES THE CHILD LIVE WITH? (tick as many as relevant)

- Mother
 Father
 Step Mother
 Step Father
 Shared custody
 Sibling/s
 Other relatives
 Friends
 Other adults (who are not friends or relatives)
 Foster carer/s

PARENT / GUARDIAN DETAILS

PARENT/CARER 1

Name:		Relationship:	
Phone:		Email:	

PARENT/CARER 2

Name:		Relationship:	
Phone:		Email:	

Is there a parent/guardian consenting to this referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is the young person under the care of the Department of Children, Youth Justice, and Multicultural Affairs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

REASON FOR REFERRAL

(Please describe the **mental health** concerns you have identified including how they are currently impacting on the young person's functioning, and the support you are requesting from CYMHS)

RELEVANT HISTORY

(Include any known history of the identified problem/s, any developmental issues, diagnoses, past/ current treatments, medications)

CURRENT FUNCTIONING

(Home, living arrangements, family structure, education, employment, sexuality, gender, relationships, activities)

SCHOOLING

(Include enrolment and attendance history, barriers to school engagement, any educational adjustments or support provisions, academic functioning, behaviour and engagement and details of any assessments conducted by school)

RISK & PROTECTIVE FACTORS

(Include risk of suicide, self-harm, violence, risk taking behaviour, substance misuse, family history of mental illness, vulnerability to abuse or neglect, legal issues, social supports, strengths, and interests)

ADDITIONAL CONTACTS

General Practitioner:		Contact:	
Private Psychologist:		Contact:	
Private Psychiatrist:		Contact:	
Paediatrician:		Contact:	
Non-Government Organisation:		Contact:	
Other Service/s:		Contact:	

REFERRAL PATHWAY

Please contact Child and Youth Mental Health Service on **1300 64 22 55** to register to the referral in the first instance.

Additional information to support the referral can then be emailed to: cymhsaccesssteam@health.qld.gov.au

Please note: CYMHS will only contact the referrer to discuss the referral if additional information is required. Feedback will be provided where possible and only if consent to share information has been obtained.