



MINDMAP ACTIVE HOLD Referral & Registration Form

Child or Young Person Details:

Date of Referral:

Name:	Pronouns:	DOB:
Phone:	Email:	
Address:		
Has the child or young person consented to the referral?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-Binary <input type="checkbox"/> Transgender <input type="checkbox"/> Prefer not to say		
Does the child or young person identify as Aboriginal or Torres Strait Islander?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the child or young person have a diverse cultural background?		<input type="checkbox"/> YES <input type="checkbox"/> NO
History of domestic and/or family violence?		<input type="checkbox"/> YES <input type="checkbox"/> NO
History of drug and alcohol use?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are there any current court orders in place?		<input type="checkbox"/> YES <input type="checkbox"/> NO

Parent/Carer or emergency contact details:

Name:	Phone:
Address:	Email:
Has the young person consented to MindMap contacting the parent/carers? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Referrer Details:

Name:	Phone:
Organisation:	Email:
Will your service continue to support/work with the young person? <input type="checkbox"/> YES <input type="checkbox"/> NO	



Ph: 1800 862 111
Email: support@mindmap.act.gov.au
or web chat: mindmap.act.gov.au

What current needs or goals indicate that the client requires short-term support through active hold?

What service is the child or young person on the waiting list for? (Please include start date).

What other service/s is the child, young person or family accessing?

Does the child or young person have a mental health diagnosis?

If yes, please identify presenting concern.

YES

NO

Does the child or young person have any disabilities? If yes, please identify.

YES

NO

What is the child or young person's living situation?

Review of eligibility (Young person must meet ALL criteria to be eligible)

<input type="checkbox"/>	Lives, works or studies in the ACT and surrounds
<input type="checkbox"/>	On the waitlist for a primary service that has an 8+ week wait
<input type="checkbox"/>	Waitlist-only approach not suitable due to MH concerns that require immediate intervention
<input type="checkbox"/>	Not currently accessing a mental health support service
<input type="checkbox"/>	Any reported thoughts of suicide or self-harm are considered low risk



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