

School Based Youth Health Nurse Referral

Name of School: Mount Gravatt High School	
Referrers Details	
Name of Young Person	
Date of Birth	
Address	
Contact Number	
Email address	
Is an interpreter required?	Yes No If yes, which language
Next of kin name and contact number Relationship to young person	
Details of referral	
Has the young person given consent to contact from the School Based Youth Health Nurse and confirmed that it is safe for the young person receive a phone call from the SBYHN	Yes: No: If NO, we cannot proceed with the appointment as we are unable to guarantee the safety of the Young Person.
Preferred time and date of phone appointment	
<p>ALERT</p> <p>Please note the School Based Youth Health Service does not provide immediate call back. You will be advised if the young person accepts this referral or the School Based Youth Health service has not been able to contact the young person.</p> <p>If this referral requires an immediate response due to a high risk to self or others, please follow your organization's emergency response procedures or call 000</p>	