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| Please note that we are not an emergency service. If you require immediate assistance please call the mental health care line on 1800 011 511. Alternatively, please call 000 or go to the Emergency Department of your nearest hospital. |
| **Our intake worker may be contacted during business hours on (02) 9193 8000** |

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| **Is this enquiry for yourself or someone else?** | | | | | | | | | | | | | | | |
| **If not self what is your relationship to the Young Person?** | | | | | | | | | | | | | | | |
| **Is the Young Person aware of this enquiry?** | | | | | | | | | | | | | | | |
| **Details of Young Person:** | | | | | | | | | | | | | | | |
| **Surname:** | |  | | **Given names:** | | | |  | | | | | | | | |
| **Preferred name:** | | |  | | | | | | | | | | | | |
| **Date of Birth:** | | |  | | **Age:** | | | | |  | | | | | |
| **Gender:** | **Male  Female Other** | | | | | **If under 16 is your parent/guardian aware you are here?: Yes No** | | | | | | | | |
| **At headspace Ashfield, it is our policy that if you are under 16 years your parent or guardian must consent to any treatment. It is our standard practice to get the consent of your parent or guardian as well, unless you object to this. If you are 16 years or over your own consent is sufficient.** | | | | | | | | | | | | | | |
| **Street:** | | |  | | | | | | | | | | | | |
| **Suburb:** | | |  | | **State:** | | | |  | | | **Postcode:** | |  | |
| **Phone:** | | |  | | | | | | | | **SMS consent:** | | **Yes No** | | |
| **Emergency contact name:** | | |  | | **Phone:** | | | | | | | **Relationship:** | | | |
| **Who is the best person to contact regarding this enquiry?** | | | | | | |  | | | | | | | |
| **What is your preferred time for contact? we are open during business hours Mon-Fri:** | | | | | | |  | | | | | | | |