

Appointment Form

headspace Batemans Bay

Date: _____

Young persons' details:

Name: _____ Contact Number: _____
Date of Birth: ____/____/____ Age: _____ Gender: _____ Pronouns: _____
Address: _____
Suburb: _____ Post code: _____
Email: _____

Medicare:

Medicare card number: _____ Ref: _____ Expiry: _____

Does the young person identify as:

- Aboriginal Torres Strait Islander Aboriginal and Torres Strait Islander
 Culturally & Linguistically Diverse (CALD) LGBTQIA+ Transgender

Does the young person have any difficulties with literacy?

No Yes, please explain: _____

Does the young person experience any risk concerns?

No Suicidal ideation Self-harm Yes, please explain: _____

If the young person is at high or acute risk of suicide, please contact the Mental Health Line on 1800 011 511 or emergency services on 000 if urgent.

Emergency contact person:

Name: _____ Contact Number: _____
Relationship to young person: _____
Address: _____
Suburb: _____ Post code: _____

You can return the referral form via:

Fax
(02) 9169 3478

Email
info@headspacebatemansbay.org.au

**headspace Batemans Bay is not a crisis service.
For immediate support, contact the Mental Health Line 1800 011 511**