



Kimberley Aboriginal Medical Services Ltd
An Organisation of Aboriginal people, for Aboriginal people; controlled by
Aboriginal people.



Sorting things out isn't always easy...
We are a youth-friendly and safe space where young people can get on track and get the help they need.

headspace Broome Registration Form

Date _____

Please complete as much information as you have regarding the client.

Young Person Information

First Name.....Surname.....DOB.....

Address.....Postcode.....

Postal address

Home phone.....Work.....Mobile.....

Does the young person prefer a male or female worker?.....

Emergency Contact

First Name.....Surname.....

Mobile..... Relationship to you.....

General Information

Medicare Number: Ref:Exp:

Health Care Card Number:

Allergies.....

I Identify my gender as:
Cultural Background Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> CALD <input type="checkbox"/> Neither <input type="checkbox"/>
Country of Birth: Australia <input type="checkbox"/> Other <input type="checkbox"/>
Language spoken at home: English <input type="checkbox"/> Other <input type="checkbox"/> Preferred language:
Who do you live with?
Are you a student? Yes No If yes where?
Are you working? Yes No
Do you want help with employment? Yes No

<u>Please complete the following: FOR AGENCIES MAKING A REFERRAL</u>
Reason for Referral Mental Health <input type="checkbox"/> Physical Health <input type="checkbox"/> Assessment <input type="checkbox"/> AOD <input type="checkbox"/> Vocational <input type="checkbox"/> Other <input type="checkbox"/>
Is the young person aware of this referral? YES NO Is the young person's Parent/Carer aware of this referral? YES NO
Name of referrer..... Referral Agency..... Other Agencies involved..... Number..... Fax:.....

Reason for referral

Please provide as much detail as possible including strengths/abilities & safety concerns that may be present

When is the young person available for appointments?

*** Please note** - a member of the team will contact you within a week to discuss the referral and the best way to book an appointment.

PLEASE RETURN TO: **headspace** Broome in person or fax: 9193 6122

Office use only - date entered into data system:

By: