

headspace Horsham Enquiry Form



Has the young person agreed to this enquiry? Yes ☐ No ☐

If no, please seek consent before proceeding with this enquiry. headspace Horsham cannot proceed with this enquiry without the young person's consent.

Enquiry Date: _____

Details of young person

First name _____ Surname _____

Preferred name _____ Date of Birth _____

Gender ☐ male ☐ female ☐ trans male ☐ trans female ☐ gender fluid ☐ non-binary

Pronouns ☐ he/him/his ☐ she/her/hers ☐ they/them/theirs

Do you identify as part of the LGBTQIA+ community? Yes ☐ No ☐

Is the young person Aboriginal or Torres Strait Islander (ATSI)? Aboriginal ☐ Torres Strait Islander ☐

Both Aboriginal and Torres Strait Islander ☐ Neither Aboriginal or Torres Strait Islander ☐

Do you identify as culturally and linguistically diverse? Yes ☐ No ☐

Do you require an interpreter? Yes ☐ No ☐

Address _____

Suburb/town _____ Post Code _____

Email _____ Mobile _____

Details of referrer (person completing this document)

Name _____ Relationship to young person _____

Organisation (if applicable) _____

Phone _____ Email _____

Emergency contact details

Name _____ Mobile _____

Relationship to young person _____

Additional referral details

Does the young person have a mental health care plan?

☐ Yes ☐ No

Does the young person have an NDIS plan?

☐ Yes ☐ No

Is the young person currently involved in other support services?

☐ Yes ☐ No

Presenting issues

Mental health

- | | |
|--|--|
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Grief and loss |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> History of trauma |
| <input type="checkbox"/> School issues | <input type="checkbox"/> Sexual assault |
| <input type="checkbox"/> Work issues | <input type="checkbox"/> Family/domestic violence |
| <input type="checkbox"/> Relationship issues | <input type="checkbox"/> Gender identity |
| <input type="checkbox"/> Stress | <input type="checkbox"/> Parenting issues |
| <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Self harm |
| <input type="checkbox"/> Body image | <input type="checkbox"/> Current suicidal thoughts |
| <input type="checkbox"/> Disorder eating | |

Physical health

- ☐ Difficulty sleeping
- ☐ Physical health
- ☐ Sexual health
- ☐ Pregnancy

Alcohol, other drugs & behavioral issues

- ☐ Alcohol and other drug support
- ☐ Technology use
- ☐ Gambling
- ☐ Pornography
- ☐ Education

Additional information