**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**

**Alcohol, other drugs & behavioral issues**

**Mental health**

**Physical health**

☐ Alcohol and other drug support

☐ Technology use

☐ Gambling

☐ Pornography

☐ Education

☐ Grief and loss

☐ Anger

☐ History of trauma

☐ Sexual assault

☐ Family/domestic violence

☐ Gender identity

☐ Parenting issues

☐ Self harm

☐ Current suicidal thoughts

☐ Anxiety

☐ Depression

☐ Bullying

☐ School issues

☐ Work issues

☐ Relationship issues

☐ Stress

☐ Low self-esteem

☐ Body image

☐ Disorder eating

☐ Difficulty sleeping

☐ Physical health

☐ Sexual health

☐ Pregnancy

**Additional information**