

Registration Forms

This information is to be completed about the young person receiving services

| Personal Information | | | | | |
|---|---|--|--|--|--------|
| First Name | | | Last Name | | |
| Preferred Name | | | Pronouns | | Gender |
| Date of Birth | | Indigenous Status (Tick Multiple if they apply) | | <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> South Sea Islander <input type="checkbox"/> Not Applicable | |
| Country of Birth | | Cultural Background | | | |
| Do you speak another language at home? | | | Do you require an interpreter? | | |
| Home Address | <input type="checkbox"/> No fixed address | | | Postcode | |
| | | | | Suburb | |
| Please tick below to confirm which number the SMS appointment reminders should be sent to (please pick only one number) | | | | | |
| Young Person Phone Number SMS Reminders <input type="checkbox"/> | | | Young Person Email Address | | |
| Family/Guardian/Carer | | | | | |
| Parent/Guardian 1 Name | | | Parent/Guardian 2 Name | | |
| Parent/Guardian 1 Phone Number SMS Reminders <input type="checkbox"/> | | | Parent/Guardian 2 Phone Number SMS Reminders <input type="checkbox"/> | | |
| Parent/Guardian 1 Email: | | | Parent/Guardian 2 Email: | | |
| Relationship to young person (e.g., Father, Mother, foster carer, sibling) | | | Relationship to young person (e.g., Father, Mother, foster carer, sibling) | | |
| Are there any current custody arrangements, court orders, or alternative information needed | | | | | |
| Emergency Contact | | | | | |
| If emergency contact is the same, please tick to avoid writing twice <input type="checkbox"/> | | | | | |
| Full name | | | | | |
| Phone Number | | | Relationship to young person (e.g., Mother, foster carer, sibling) | | |
| Email | | | | | |
| Home Address | | | | Suburb | |
| | | | | Postal Code | |

Client Consent to service and collect/share information

Welcome to headspace. headspace Mackay, Sarina & Whitsundays are a youth mental health service for ages 12-25 operated by lead agency North and West Remote Health and funded by Northern Queensland Primary Health Network. In providing you with our services, it is necessary for us to collect some of your personal or sensitive information to provide you with a high quality of service. Privacy and confidentiality of your information is important to us.

We are required to report unidentifiable information about you (age, number of sessions, gender) to our funding body NQPHN and to headspace National for research and quality improvement purposes. When you complete your hAPI survey on our iPad, you are providing important information for us to continue to improve our services to young people. Please read this document carefully. When you sign below, you consent to us collecting your information and using this to:

- Provide you with health care under core streams of mental health, physical health, alcohol and other drugs, and vocational support.
- Improve your access to headspace health care services.
- Improve your journey through the health care system.

This may include:

- Using your information to talk with you about, or organise your health care
- Using your information to diagnose or treat a health condition in consultation with other health professionals e.g., Community Mental Health, GP's, Paediatricians, Psychiatrists, Schools, and others
- Sharing relevant information with appropriate staff, specialists, and other healthcare providers as necessary to determine the best course of treatment or to provide services (if you are seen under a mental health care plan, some of your information may be passed onto Medicare)
- Using your information to improve the services we provide.
- Using de-identified information for reporting or training purposes to the funding body NQPHN and headspace National.
- Using or disclosing your information as required by law, or justified by permitted general situations and permitted health situations in the Australian Privacy Principles (for example, if there is a concern that you or another person is at risk of harm; or if the case files are subpoenaed by court)

I, **(Young Person Full Name)** _____.

authorise headspace to share/receive information relating to my health and wellbeing with the following entities, where relevant or necessary. Please tick and provide details below.

☐ **Community Mental Health (Queensland Health)**

☐ **GP: (Practitioner Name)** _____ of
(Practice Name) _____.

☐ **School/TAFE/University (Name of Institution)** _____.

☐ **Other: (Practitioner name)** _____ of
(Organisation Name) _____.

Cancellation Policy

When your appointment is made at headspace, this time is reserved especially for you. **We require at least 24 hours' notice of any change or cancellation to your appointment**, so we can offer that time to another young person, and the clinician has enough time to prepare for this change. We understand that sometimes emergencies or illness does occur, and we will take this into consideration.

headspace has a full schedule of appointments, and missed appointments prevent us from providing treatment to other young people wanting an appointment. To help remind you of your upcoming session, we will send a text message to your mobile number 2 days prior to your appointment. This message will ask you to confirm that you will be coming to your appointment.

Consent of Young Person:

The details we collect will only be used for the above reasons. To correct or access any information kept about you by headspace and lead agency NWRH, or to make a complaint, please speak with our staff or complete a feedback form. We manage your personal information in accordance with the Privacy Act 1988, the Australian Privacy Principles, our Privacy Policy and all other relevant Government laws and regulations. You can view the headspace privacy policy at <https://headspace.org.au/privacy-policy/> or NWRH Policy at www.nwrh.com.au/who-are-we/policies-and-charters/. If we are unable to collect the required information for these purposes, we may be unable to provide or facilitate access to our services on an ongoing basis.

Please tick and complete the below:

I, *(Young person full name)* _____, *(date of birth)* _____, of

Address: _____ consent to my information

being collected, used, and disclosed to headspace and lead agency NWRH or the above entities for the above purposes, and understand that my de-identified information will be provided to NQPHN and headspace National for statistical and quality improvement purposes. I understand there are some circumstances that require my clinician to break confidentiality to keep me or others safe. I understand that headspace is a voluntary service, and I can withdraw consent at any time. I acknowledge that if I have any concerns I can speak to my clinician or the manager, and I have rights and responsibilities in accepting care at headspace. I acknowledge I have received a copy of the Welcome Pack outlining this.

(Young person Signature) _____ *(Date)* _____

Parental Consent if under the age of 18 years old.

I, *(Parent/guardian full name)* _____, consent to the above on behalf of

(Young person full name) _____.

(Parent/guardian Signature) _____ *(Date)* _____

headspace Consent Forms



Kessler Psychological Distress Scale (K10)

This form is to be completed by the young person receiving services

Please tick the answer that is correct for you:

| None of the time (score 1) | A little of the time (score 2) | Some of the time (score 3) | Most of the time (score 4) | All of the time (score 5) |
|----------------------------------|--------------------------------------|----------------------------------|----------------------------------|---------------------------------|
|----------------------------------|--------------------------------------|----------------------------------|----------------------------------|---------------------------------|

- | | | | | | |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. In the past 4 weeks, about how often did you feel tired out for no good reason? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. In the past 4 weeks, about how often did you feel nervous? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In the past 4 weeks, about how often did you feel so nervous that nothing could calm you down? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. In the past 4 weeks, about how often did you feel hopeless? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. In the past 4 weeks, about how often did you feel restless or fidgety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. In the past 4 weeks, about how often did you feel so restless you could not sit still? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the past 4 weeks, about how often did you feel depressed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. In the past 4 weeks, about how often did you feel that everything was an effort? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. In the past 4 weeks, about how often did you feel so sad that nothing could cheer you up? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. In the past 4 weeks, about how often did you feel worthless? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Total _____

Full Name: _____

Today's Date: _____