

headspace Midland Registration Form



Date: ____ / ____ / ____

Legal Name: _____ Chosen Name: _____

Date of Birth: ____ / ____ / ____ Age: _____ Gender: _____ Pronouns: _____

Address: _____ Suburb: _____

Mobile: _____ Email: _____

SMS appointment reminders to your mobile? Yes No (limited to 1 number only) Other: _____

Are you?

Aboriginal Torres Strait Islander Both Neither Another Culture: _____

Are you a member of the **LGBTQIA+** community? Yes _____ No

If yes, are your friends and family aware? Yes _____ No

Emergency Contact (must be someone over 18 yrs of age)

Legal Name: _____ Relationship: _____

Mobile: _____ Email: _____

Is your Emergency Contact your Legal Guardian? (if under 16 yrs of age, parent/guardian consent may be required) Yes No

Is your Emergency Contact aware you are accessing support from headspace? Yes No

Do you consent for Emergency Contact to schedule or cancel appointments? Yes No

Do you live with your Emergency Contact? Yes No

Secondary Contact (Optional – another person who has consent to contact us for information)

Legal Name: _____ Relationship: _____ Mobile: _____

Medicare Information

Medicare No: _____ Reference No: _____ Expiry Date: ____ / ____

Are there any concerns in particular that made you contact headspace?

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Mental health | <input type="checkbox"/> Situational | <input type="checkbox"/> Home/environment | <input type="checkbox"/> Family support |
| <input type="checkbox"/> Physical health | <input type="checkbox"/> Alcohol and drugs | <input type="checkbox"/> Friendships | <input type="checkbox"/> Relationships |
| <input type="checkbox"/> Sexual health | <input type="checkbox"/> Eating | <input type="checkbox"/> Social support | <input type="checkbox"/> Work/education |
| <input type="checkbox"/> Other: _____ | | | |

How did you hear about headspace Midland?

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Social media | <input type="checkbox"/> Search engine
(Google, etc) | <input type="checkbox"/> Attended an education session
about headspace Midland | <input type="checkbox"/> Met a staff member
at an event/in the
community |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> From another service | <input type="checkbox"/> From a school counsellor | |
| <input type="checkbox"/> Other: _____ | | | |

Ngala kaadatj Noongar Whadjuk Boodja. We acknowledge this is Noongar Whadjuk Country and would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin, and community. We pay our respects to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate, and inclusive.