|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | |
| Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | | | | | |
| Young Person’s Details | | | | | | | | | | |
|  | | | | | | | | | | |
| Legal name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Chosen name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
|  | | | | | | | | | | |
| Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Age:\_\_\_\_\_\_\_\_\_\_ | | Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Pronouns:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  | | | | | | | | | | |
| Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | Suburb:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | | | | | | | | | | |
| Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | | | | | |
| SMS appt reminders to your mobile or another number? Yes  No  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | | | | | |
| Do you identify as | | Aboriginal | | | Torres Strait Islander | | | | | Both |
|  | | | | | | | | | | |
|  | | Neither | | | Another culture:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | |
| Would you or your support people benefit from an interpreter? Yes  No | | | | | | | | | | |
|  | | | | | | | | | | |
| If yes, please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | | | | | |
| 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 the age of 18 years) | | | | | | | | | | |
|  | | | | | | | | | | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | |
| Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | |
| Is your emergency contact your legal guardian? Yes  No | | | | | | | | | | |
|  | | | | | | | | | | |
| Is your emergency contact aware you’re accessing support from headspace Northam? Yes  No | | | | | | | | | | |
|  | | | | | | | | | | |
| Secondary Contact (optional – another person who has consent to contact us for information) | | | | | | | | | | |
|  | | | | | | | | | | |
| Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | |
| Mobile:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | | | | | | | | | | |
| Medicare Details | | | | | | | | | | |
|  | | | | | | | | | | |
| Medicare number:\_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ Ref. number:\_\_\_\_\_\_ Expiry:\_\_\_/\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | | | | | |
| Are there any concerns in particular that made you contact headspace Northam? | | | | | | | | | | |
|  | | | | | | | | | | |
| Mental health | | Situational | | | | Home/environment | | | | Family support |
|  | | | | | | | | | | |
| Physical health | | Alcohol & drugs | | | | Friendships | | | | Relationships |
|  | | | | | | | | | | |
| Sexual health | | Eating | | | | Social support | | | | Work/education |
|  | | | | | | | | | | |
| Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
|  | | | | | | | | | | |
| How did you hear about headspace Northam? | | | | | | | | | | |
|  | | | | | | | | | | |
| ☐ Social media | ☐ Search engine (eg Google) | | | | | | | ☐ Met a staff member in the community | | |
|  | | | | | | | | | | |
| Family/friend | School/school counsellor | | | | | | | Returning to our service | | |
|  | | | | | | | | | | |
| Another service (eg GP) | Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |