**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Chosen Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_ **Age:** \_\_\_\_\_\_\_\_ **Gender:** \_\_\_\_\_\_\_\_\_\_\_ **Pronouns:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Suburb:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SMS appointment reminders to your mobile?** Yes [ ]  No [ ]  (1 number only) **Other:** \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Are you?

[ ]  **Aboriginal**  [ ]  **Torres Strait Islander** [ ]  **Both** [ ]  **Neither** [ ]  **Another Culture:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a member of the LGBTQIA+ community?

(Lesbian/Gay/Bisexual/Trans/Queer or Questioning/Intersex/Asexual) **Yes** [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_**No** [ ]

**If yes, are your friends and family aware?** **Yes** [ ]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**No** [ ]

Emergency Contact (Must be someone over 18 years of age)

**Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mobile:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your Emergency Contact your Legal Guardian? (If under 16, parent/guardian consent may be required) Yes [ ]  No [ ]

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

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, if required)

**Legal Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Relationship:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Mobile:** \_\_\_\_\_\_\_\_ \_

Medicare Information

**Medicare No:** \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ **Reference No:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_\_ / \_\_\_\_\_\_

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

|  |  |  |  |
| --- | --- | --- | --- |
| ☐ **Mental Health** | ☐ **Situational** | ☐ **Home/Environment** | ☐ **Family Support** |
| ☐ **Physical Health** | ☐ **Alcohol and Drugs** | ☐ **Friendships** | ☐ **Relationships** |
| ☐ **Sexual Health** | ☐ **Eating** | ☐ **Social Support** | ☐ **Work/Education** |
| [ ]  **Other:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **How did you hear about headspace Northam?** |
| [ ]  Social media | [ ]  Search engine e.g. google | [ ]  Attended an education session | [ ]  Met a staff member |
| [ ]  Word of mouth | [ ]  From another service | [ ]  From school  |  |

 [ ]  Other: \_\_\_\_\_\_\_ \_\_\_\_