**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: \_\_\_\_\_\_\_ \_\_\_\_