AlfredHealth



HEADSPACE REGISTRATION

Complete as much of this registration as possible.

Any queries can be discussed with your headspace clinician at your first appointment.

Young Person	details	UR					Date of birt	h			
Last name							First name	e/s			
Sex	☐ Female ☐ Male ☐ Other ☐ Gender Ide				r Identity	☐ Female ☐ Male ☐ Not stated ☐ Prefer no				on binary er	
Telephone/s							Email				
Preferred contact method ☐ Telephone ☐ Email ☐											
Address / Suburb / Postcode											
What is your preferred language?											
Do you identif	y as	□ 1	Not Aboriginal or Torres Strait Islander ☐ Aboriginal not Torres Torres Strait Islander not Aboriginal ☐ Aboriginal and Torres Not specified ☐ Prefer not to answer						rres Strait		
NOTE: If you have any allergies, discuss these at your first consultation											
Cultural considerations of support needs		/									
GP name	GP address										
Medicare number	Refere					Reference	ce number			Valid to	
Centrelink Concession Card Expiry											
NDIS participant			☐ Yes ☐ No			NDIS Number					
Parent / Guardian details											
For Young Pe	ople age	d unde	er 18 years a	attendir	ng priva	te practice	- provide pa	rent	/ guardian det	ails to clair	n the rebate.
Medicare number						erence nur	nber		Valid to		
Last name						t name/s				Date of birth	
In case of an e	emergen	cy, wl	ho can we c	ontact	t?						
Name	Relationshi						Phone				
Address											
Can we give this person information about your appointment times?											
Name	Relationship								Phone		
Address											
Can we give this person information about your appointment times? ☐ Yes ☐ No											
→ Please keep going, there is a second page											
Office use only											
☐ Bentleig	☐ Bentleigh ☐ Elsternwick ☐ Syndal ☐ Start Now Clinic ☐ SbS – Session by Session ☐ CCT – Continuing Care Team ☐ MATT – Mobile Assessment and treatment Team										

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Who referred you to headspace? Self-referred Public hospital Family member Private hospital Family member Private hospital Family member Private practice Drug and alcohol service Public mental health service professional Public mental health service Public mental health professional Public mental health service Public mental health professional Public mental health service Public menta	Last & First name/s			DOB					
What is your country of birth? Self-refiction Particular Public hospital Friend Private hospital Friend Emergency department Friend Fri									
Self-referred Public hospital Family member Private hospital Family member Private hospital Emergency department Emergency department	Referral details								
Family member		adspace?							
Friend	☐ Self-referred		☐ Public hospital						
GP	•		·						
Private practice									
Public mental health service Community support organisation School Family support services Territary education institution Other What was the referrers professional Social Worker General Practitioner Mental Health Nurse Psychiatrist Occupational Therapist Psychiatrist Decaring and the professional Other			·						
School Family support services Tertiary education institution Other	-		•						
Tertiany education institution		service	to the second of						
What is your country of birth? Secondary School Year 7-10 Bachelor Degree What is your main source of income? Diploma or Advance Diploma or			· · · · · · · · · · · · · · · · · · ·						
NA self-referred/ non professional Social Worker Mental Health Nurse Occupational Therapist Deadiatrician Aboriginal Health Worker Educational Therapist Deadiatrician Aboriginal Health Worker Educational professional Dother Medical Specialist Deadiatrician Aboriginal Health Worker Educational professional Dother Dother Medical Specialist Deadiatrician Dother Medical Specialist Deadiatrician Dother Dother Medical Specialist Dother Dot									
General Practitioner		•	-	-					
Pasychiatrist Occupational Therapist Dedicativician Other Medical Specialist Dedicativician Dedi		professional							
Aborginal Health Worker	_								
Gother Medical Specialist	1								
Social and Vocational Information		.1:_4							
Have you seen a mental health professional before to get help? Yes No	☐ Utner Medical Specia	IIIST		tional professional					
Have you seen a mental health professional before to get help?			Uther						
What is your country of birth? What is your highest level of education? Are you currently studying? What type of study or training are you undertaking What type of study or training are you undertaking What type of study or training are you undertaking Secondary School Year 7-10 Secondary School Year 7-10 Graduate Diploma or Graduate Degree Post Graduate Degree Post Graduate Degree Traineeship Diploma or Advance Diploma Are you currently employed Not currently employed or bioking for work Employed full time Employed graduate Degree Traineeship Diploma or Advance Diploma Are you currently employed No income Paid employment Deprivation payments Study payments Parenting payments Parenting payments Public rented hours or unit Privately rented hours or unit Own home or unit Family home or unit Group home / supported accommodation house / rooming house / rooming house / hostel Who have you been living with? Alone Friends Bentleigh Alone Friends Bentleigh Aleadspacebentleigh@alfred.org.au OR, bring this registration to your first appointment if attending:	Social and Vocational	Information							
What is your highest level of education? Are you currently studying? What type of study or training are you undertaking What type of study or training are you undertaking What type of study or training are you undertaking Secondary School Year 7-10 Secondary School Year 11-12	Have you seen a menta	al health profession	nal before to get help?] Yes □ No					
Are you currently studying?	What is your country of	birth?							
What type of study or training are you undertaking	What is your highest lev	vel of education?							
undertaking	Are you currently studyi	ing?	☐ Yes – Full time ☐ Yes – Part time ☐ No						
Are you currently employed		aining are you	☐ Secondary School Year 11-12 ☐ Graduate Diploma or Graduate Degree ☐ Certificate, Apprentice, ☐ Post Graduate Degree Traineeship						
What is your main source of income? Paid employment Disability support pension Compensation payments Compensation payments Other (e.g. superannuation, investments etc.) Parenting payments No income No income Public rented hours or unit Caravan Hospital / Rehab/ Other Service Own home or unit Crisis accommodation / shelter / refuge Family home or unit Homeless Other Crisis accommodation / shelter / refuge Family home or unit Caravan Homeless Other Crisis accommodation / shelter / refuge Family home or unit Crisis accommodation / Shelter / refuge Homeless Other Crisis accommodation / Shelter / refuge Family Compensation Compensat	Are you currently emplo	pyed	☐ Not currently employed looking for work☐ Looking for full-time wo	or □ Looking for casual work □ Employed full time ork □ Employed part time					
In the last four weeks, what type of accommodation have you been living in? Public rented house or unit	What is your main source	ce of income?	 □ Paid employment □ Unemployment payment □ Study payments □ Parenting payments 	□ Disability support pension nts □ Compensation payments □ Other (e.g. superannuation, investments etc.) □ No income					
Who have you been living with? Alone Family Friends How do you rate your living situation? Poor Fair Good Very good Excellent Return completed Registration to: Bentleigh headspacebentleigh@alfred.org.au Elsternwick headspaceelsternwick@alfred.org.au appointment if attending:	accommodation have y		□ Public rented house or □ Privately rented house □ Own home or unit □ Family home or unit □ Group home / supporte accommodation □ Boarding house / room	unit					
Return completed Registration to: Bentleigh	Who have you been livi	ng with?	☐ Family						
Bentleigh headspacebentleigh@alfred.org.au OR, bring this registration to your first appointment if attending:	How do you rate your li	ving situation?	☐ Poor ☐ Fair	☐ Good ☐ Very good ☐ Excellent					
Elsternwick <u>headspaceelsternwick@alfred.org.au</u> appointment if attending:		Return comp	oleted Registration to	<mark>o:</mark>					
Elsternwick <u>headspaceelsternwick@alfred.org.au</u> appointment if attending:	Rentleigh	headsnaceher	pentleigh@alfred.org.au OR bring this registration to your first						
				,					
Syndal hsyndalintake@alfred.org.au Narre Warren, Dandenong or Frankston		-		Narre Warren, Dandenong or Frankston					

STARTNOWclinic@alfred.org.au

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