AlfredHealth

headspace
National Youth Mental Health Foundation

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 birth		
Last name			First name/s		
Sex	☐ Female ☐ Male ☐ Other	Gender Identity	☐ Female ☐ Male ☐ Non binary ☐ Not stated ☐ Prefer not to answer		
Telephone/s			Email		
Preferred contact method	☐ Telephone ☐ Email ☐ Letter				
Address / Suburb / Postcode					
What is your preferred language?					
Do you identify as	☐ Not Aboriginal or Torres Strait Islander ☐ Torres Strait Islander not Aboriginal ☐ Not specified		☐ Aboriginal not Torres Strait Islander ☐ Aboriginal and Torres Strait Islander ☐ Prefer not to answer		
NOTE: If you have any allergies, discuss these at your first consultation					
Cultural considerations / support needs					
GP name		GP address			
Medicare number		Reference number		Valid to	
Centrelink Concession Card				Expiry	
NDIS participant	☐ Yes ☐ No	NDIS Number			
Parent / Guardian details					
For Young People aged under 18 years attending private practice - provide parent / guardian details to claim the rebate.					
Medicare number		Reference number		Valid to	
Last name		First name/s		Date of birth	
In case of an emergency, who can we contact?					
Name		Relationship		Phone	
Address					
Can we give this person information about your appointment times? ☐ Yes ☐ No					
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
☐ Bentleigh ☐ Elsternwick ☐ Syndal ☐ Start Now Clinic
☐ SbS – Session by Session ☐ CCT – Continuing Care Team ☐ MATT – Mobile Assessment and treatment Team

EMR: Registration / Registration Record

XX
707

Nov 2023
Source: www.alfredhealth.org.au

AlfredHealth

headspace
National Youth Mental Health Foundation

Last & First name/s		DOB	

Referral details

Who referred you to headspace?

- ☐ Self-referred
- ☐ Family member
- ☐ Friend
- ☐ GP
- ☐ Private practice
- ☐ Public mental health service
- ☐ School
- ☐ Tertiary education institution
- ☐ Public hospital
- ☐ Private hospital
- ☐ Emergency department
- ☐ Community health centre
- ☐ Drug and alcohol service
- ☐ Community support organisation
- ☐ Family support services
- ☐ Other _____

What was the referrers profession?

- ☐ NA self-referred/ non professional
- ☐ General Practitioner
- ☐ Psychiatrist
- ☐ Paediatrician
- ☐ Other Medical Specialist _____
- ☐ Psychologist
- ☐ Social Worker
- ☐ Mental Health Nurse
- ☐ Occupational Therapist
- ☐ Aboriginal Health Worker
- ☐ Educational professional
- ☐ Other _____

Social and Vocational Information

Have you seen a mental health professional before to get help?	☐ Yes ☐ No
What is your country of birth?	
What is your highest level of education?	
Are you currently studying?	☐ Yes – Full time ☐ Yes – Part time ☐ No
What type of study or training are you undertaking	☐ Secondary School Year 7-10 ☐ Secondary School Year 11-12 ☐ Certificate, Apprentice, Traineeship ☐ Diploma or Advance Diploma ☐ Bachelor Degree ☐ Graduate Diploma or Graduate Degree ☐ Post Graduate Degree
Are you currently employed	☐ Not currently employed or looking for work ☐ Looking for full-time work ☐ Looking for part-time work ☐ Looking for casual work ☐ Employed full time ☐ Employed part time ☐ Employed casual
What is your main source of income?	☐ Paid employment ☐ Unemployment payments ☐ Study payments ☐ Parenting payments ☐ Public rented hours or unit ☐ Disability support pension ☐ Compensation payments ☐ Other (e.g. superannuation, investments etc.) ☐ No income
In the last four weeks, what type of accommodation have you been living in?	☐ Public rented house or unit ☐ Privately rented house or unit ☐ Own home or unit ☐ Family home or unit ☐ Group home / supported accommodation ☐ Boarding house / rooming house / hostel ☐ Caravan ☐ Hospital / Rehab/ Other Service ☐ Crisis accommodation / shelter / refuge ☐ Homeless ☐ Other
Who have you been living with?	☐ Alone ☐ Family ☐ Friends ☐ Shared Accommodation ☐ Other _____
How do you rate your living situation?	☐ Poor ☐ Fair ☐ Good ☐ Very good ☐ Excellent

Return completed Registration to:

Bentleigh	headspacebentleigh@alfred.org.au	OR, bring this registration to your first appointment if attending: Narre Warren, Dandenong or Frankston
Elsternwick	headspaceelsternwick@alfred.org.au	
Syndal	hsyndalintake@alfred.org.au	
Start Now Clinic	STARTNOWclinic@alfred.org.au	