

## Young Person/Carer Self-Referral Registration Form

<b>Full Name:</b> _____ <b>Previous client?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/>	
<b>Date of Birth:</b> _____ <b>Age:</b> _____ <b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Transgender <input type="checkbox"/>	
<b>Client Address:</b> _____	
<b>Contact Number(s):</b> _____ <b>Email:</b> _____	
<b>Centrelink Status:</b> Unemployment Benefit <input type="checkbox"/> Disability Support Pension <input type="checkbox"/> Youth Allowance <input type="checkbox"/> Student <input type="checkbox"/> No Benefits <input type="checkbox"/> Other ( <i>please specify</i> ) <input type="checkbox"/> _____	
<b>Aboriginal or Torres Strait Islander?</b> Yes <input type="checkbox"/> No <input type="checkbox"/> <b>Country of Birth</b> _____	
<b>Client's Key Contact Person (<i>in case of emergency</i>)</b> <b>Name:</b> _____ Relationship to young person: _____ <b>Phone:</b> _____	
<b>Referrer's Details</b> <span style="float: right;">Please tick if referring self <input type="checkbox"/></span>	
Referrer Full Name: _____ Contact Number: _____ Email Address: _____ Relationship to young person: _____	
Is the young person involved in any Legal Issues? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Reason for Referral?</b> ( <i>What is the main problem that the young person is seeking help with?</i> ) <i>A clinician will call to gain further information about this</i>	
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Does the young person have an existing GP? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Doctor's Name: _____ Practice Name: _____ Phone: _____	
<b>Consent and Privacy</b>	
<b>The young person is aware of the referral and wants to attend headspace</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Privacy:</b> If the young person does not want their parents or carers to know about them accessing our services, please let us know and we will note this on their file. <b>Doesn't Mind</b> <input type="checkbox"/> <b>Keep Private</b> <input type="checkbox"/> ( <b>Note: Young people aged 16 years and under need to have a responsible adult involved</b> )	
<b>OFFICE USE ONLY</b>	
<b>Referral Received by:</b> _____ <b>Date and Time</b> _____ <b>Entered to Mastercare by</b> _____	