Referral/ Registration to headspace Alice Springs

Date:_____

Are you between the ages of 12-25? ☐Yes ☐No

Are you Aboriginal? ☐Yes ☐ No

Are you Torres Strait Islander? ☐Yes ☐ No

First Name:_____ Last Name:_____

Gender: Male / Female / other _____

Date of birth:_____

Address:_____

Town:_____State:_____Postcode:_____

Mobile Number:_____Home:_____Work:_____

Email:_____

Medicare Card Number:_____Reference Number:_____Expiry:_____

(if applicable) Centrelink Health Care Card:_____Expiry:_____

Are your emergency contact details and next of kin the same? ☐Yes ☐No If yes, only fill out one side

Emergency Contact Details:

Name:_____

Phone Number:_____

Relationship to you:_____

Next of Kin details:

Name:_____

Phone Number:_____

Relationship to you:_____

Language spoken at home?_____

Place of Birth?_____

Country of Birth? _____ If not Australian, year of arrival?_____

Please return this completed form to
Fax: 8952 0412 or
Email: headspace.reception@caac.org.au

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Relationship status: ☐Never married/single ☐Married/de facto/in a relationship

☐Divorced ☐Separated ☐Widowed

What support would you like to access?

☐Mental Health Counselling/Psychologist ☐Doctor ☐ Vocational Support

PLEASE COMPLETE THE SECTION BELOW IF YOU ARE AN EXTERNAL AGENCY/FAMILY/FRIEND REFERRING THE YOUNG PERSON TO HEADSPACE

Is the young person aware of this referral? ☐Yes ☐No

If under 16 are the parents/carers aware? ☐Yes ☐No

Is the young person under the care of Territory Families? ☐Yes ☐No

Referred by:

☐Family/friend ☐Organisation (Specify)_____

Contact person:_____ Ph:_____

Email:_____ Fax:_____

Has the young person previously seen headspace? ☐Yes ☐No

Does the young person have a mental health care plan? ☐Yes ☐No ☐Unsure

Does the young person see any other services at the moment?

☐Yes (please specify):_____ ☐No ☐Unsure

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headspace
Alice Springs
Street 5/5 Hartley St, Alice Springs NT 0870
Mail PO Box 1604, Alice Springs NT 0870
Tel 08 8958 4544 Fax 08 8952 0412
headspace.org.au

Please provide any relevant information/basic details of why the young person requires counselling or vocational support below:

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Email: headspace.reception@caac.org.au