

headspace Registration



We need to collect this information from you to keep accurate records about you and to make sure we provide the best services that are appropriate for you.

If there are any questions you would prefer not to answer, please leave blank or let your worker know.

The information you provide will be managed according to our privacy policy.

Your Details

First name: Surname:

Preferred name:

Date of Birth/...../..... Age:

Gender: Sexuality: Pronouns:

Are there any circumstance we should be aware of where your pronouns are different?
For example, with family members

.....

Residential Address:

Suburb: Postcode: State:.....

Postal Address: Leave blank if same as street address

Suburb: Postcode: State:.....

Mobile: Email address:

Can we leave a message for you on this number? Yes No

Can we use SMS to contact you (typically to confirm appointments)? Yes No

Can we email you resources and info on headspace activities? Yes No

Is there anything else you would like us to know to make your visits more comfortable?

.....

.....



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Secondary contacts:

Emergency Contact Person (e.g. family member, significant other, close friend):

Name:

Relationship to you: Mobile:

There are times when we may be unable to contact you. Who could we call to reach you?

Name:

Relationship to you: Mobile:

Do you identify as Aboriginal Torres Strait Islander Both Neither

Ethnicity:

Is English your preferred language? Yes No (specify preferred language)

.....

Will you require an interpreter? Yes No

Do you have any allergies? Yes No

If Yes, please specify

Medicare Card Details:

Number

Name on card

Expiry Date /

Your position number (number in front on your name)

If collected via headspace worker

(staff name):

(date):

