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| --- | --- | --- | --- | --- |
| **Todays Date:** |  | | | |
| **Your Name (preferred):** |  | | | |
| **Age:** |  | | **DoB:** |  |
| **Gender:** |  | | **Pronouns:** |  |
| **Do you identify as:** | Aboriginal  Torres Strait Islander  Both  Non-Indigenous  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Language other than English spoken at home:** |  | | | **Interpreter needed?**  Yes No |
| **Your Address:** | Can we send mail to this address? Yes No | | | |
| **Who do you live with?** | At home with family  Living alone  Homeless  Staying with friends  supported accommodation  Refuge | | | |
| **Your email**: | Can we send emails? Yes No | | | |
| **Your mobile number:** | Can we call and/or text this number? Yes No | | | |
| **Your Home number:** | Can we call this number? Yes No | | | |
| **When is the best time for us to contact you?** | |  | | |

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| **In case of an emergency, who can we contact?** | | | |
| **Name of contact:** |  | **Relationship to you:** |  |
| **Phone number(s):** |  | | |
| **Next of Kin, email:**  **Can we send them emails/ resources on headspace?** Yes No |  | | |

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| **What services would you like to discuss and/or access?** *Please circle* | | | |
| Mental health wellbeing | Alcohol & another drug support | Physical and/or sexual health support | Work and Study support |
| (Yes / No / Unsure) | (Yes / No / Unsure) | (Yes / No / Unsure) | (Yes / No / Unsure) |

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| --- | --- |
| **What do you hope headspace Lithgow can support you with?**  **What do you feel would be useful about coming to headspace?** |  |
| Are you at risk of hurting/harming yourself or others?  EG: Thoughts of suicide, self-harm, risk-taking, harming others | No  Yes – can you tell us anymore? |

**Office Use Only……**

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| **Completed by:** |  | | | |
| **SRI identified?**  **Plan:**  **Intent:**  **Safety Factors:**  **Most recently:**  **Frequency:** | No  Yes – get further info from YP | | | |
| **Urgent risk**  Yes  No | If yes  Step 1: **Immediately notify and/or escalate to Senior Clinician**  Step 2a: **(on phone) Conversation with YP:** Confirm present location. Ask if they are with someone right now and if we are ok to contact a friend/family/supporter? Ask if they are concerned/reluctant regarding calling 000, and/or going to the hospital. If so, discuss headspace making contact on their behalf for emergency services.  **Step 2b: (In person)**: can we book in for a risk assessment and safety plan today with intake/YCC??? | | | |
| **1800 011 511 no. given:** | | Yes  No | **Hospital/000 info given:** | Yes  No |
| **Other:** | | Yes  No | **Info given to contact GP:** | Yes  No |
| **Notes:** |  | | | |

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| --- | --- | --- | --- | --- |
| **Appt date:** | **Appt time:** | **Appt type:**(person/phone/telehealth) | **Who will be attending appt:**  (eg family/friend) | **Clinician:** |
|  |  |  |  |  |

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| **Informed of headspace Location:** | ☐Yes   ☐No | **Ask to arrive 10 mins early:** | ☐ Yes   ☐ No |

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| --- | --- |
| YP created on HAPI  Complete | File named on Mastercare as SRI:  Yes  No  SRI (suicide risk identified) relates to *current* suicidal thoughts or behaviour at point of referral (not historic), It does not include non-suicidal self-harm; and the client must receive a service contact within 7 days of referral. |
| Create an OoS for 1st contact  Complete |
| Client created on MC  Complete |
| Welcome email sent to YP or pack given in person & added to MC   Complete |
| Intake booked into diary  Complete |