Ramsay Clinic New Farm

Youth Health and Safety Screening (14-25 years old)

MRN: _____

Surname: _____

Given Names: _____

DOB: _____ Sex: _____

Treating Dr: _____

(please affix Patient Identification label here, if available)

To be completed by the young person

This form helps the team take better care of you during admission by identifying important information about your health and wellbeing. You do not have to answer any questions that make you feel uncomfortable. Please speak with the admissions team. If you have any questions and/or require assistance completing the form.

Ph (07) 3254 9100 **Email Referrals.nfc@ramsayhealth.com.au**

Your Name: (What do you like to be called?) ..... **Gender:** .....

Contact details: Email: .....

Mobile Number: .....

What is your cultural background? .....

Do you have a regular GP? ☐ YES ☐ NO If yes, Name: .....

General Health

Do you have a chronic illness / disability? ☐ YES ☐ NO .....

Do you have any other health issues? .....

Do you have any mobility or physical concerns? ☐ YES ☐ NO .....

Do you have any allergies? ☐ NO ☐ UNSURE ☐ YES If yes, ...

Are you taking any medications? (Including alternatives therapies, vitamins) ☐ YES ☐ NO

If yes, Details:

Do you usually take these medicines as prescribed?

☐ ALWAYS ☐ USUALLY ☐ SOMETIMES ☐ NEVER ☐ N/A

If you are not consistent in taking these medicines why?

Home Environment

Where do you live?

☐ Parent Home ☐ Own Home ☐ Other Family/Friends ☐ Supported Accommodation/Refuge

☐ Foster Care ☐ Sleeping Rough ☐ Share Housing ☐ Couch Surfing (or temporary accommodation)

☐ Other: .....

Do you feel safe and OK where you live? ☐ YES ☐ NO If no, Why?

Do you have anyone who you look after at home? ☐ YES ☐ NO If yes, Who? .....

Education

Do you attend school/TAFE/University/Other education? ☐ YES ☐ NO If yes, Where? .....

How do you feel you are coping with study? ☐ Well ☐ OK ☐ Not well ☐ Not at all

How many days of study have you missed in the last month? ..... Why?

BINDING MARGIN - DO NOT WRITE

YOUTH HEALTH AND SAFETY SCREENING (14-25 YEARS OLD) NFC 133 CL

Ramsay Clinic New Farm

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Employment

Do you have a job or volunteer? ☐ YES ☐ NO If Yes, for how many hours per week? .....

How do you feel you are coping with work? ☐ Well ☐ OK ☐ Not well ☐ Not at all

How many days of work have you missed in the last month? ..... Why? .....

If you do not have a job, do you have a source of money? ☐ YES ☐ NO

Eating and Nutrition

Are you ever worried about your body image, weight or diet? ☐ YES ☐ NO

Is Anyone else worried about your body image, weight or diet? ☐ YES ☐ NO

If Yes, what have you done about these worries? .....

Do you have any dietary requirements? ☐ YES ☐ NO Please detail: .....

Activities and Leisure

Do you play sports or exercise? ☐ YES ☐ NO If yes, specify: .....

What activities do you enjoy in your spare time? .....

Who do you enjoy spending time with? .....

On average, how many hours a day do you spend on a computer / tablet / phone that are NOT school or work related? .....

Sleep, Mental health and Wellbeing

What time do you usually Go to sleep? ..... Wake up? .....

Do you have any sleeping problems? ..... ☐ SOMETIMES ☐ OFTEN ☐ NEVER

What's causing your problem sleep? .....

Are you ever worried about your mood, anxiety or mental health? ☐ YES ☐ NO

Is anyone else worried about your mood, anxiety or mental health? ☐ YES ☐ NO

Have you or are you experiencing any form of bullying, including online? ☐ YES ☐ NO

In the past 12 months, have you thought about suicide or done things, to harm yourself? ☐ YES ☐ NO

If yes, can you describe these urges / behaviours: .....

Have you ever been aggressive or threatened anyone? ☐ YES ☐ NO

Do you have a trusted person you can go to if you have any problems? ☐ YES ☐ NO

Who is this person (E.g Friend, carer)? .....

Do you have any other concerns you would like to talk about? ☐ YES ☐ NO

Details: .....

NFC 133 CL YOUTH HEALTH AND SAFETY SCREENING (14-25 YEARS OLD)

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Substance Use – In the last 12 months, how frequently have you used any of the following?

Substance	Not at All	Once Only/ Rarely	Monthly or More	Weekly or More	Daily
Tobacco / Cigarettes / Vapes					
Alcohol					
Marijuana / Synthetic Cannabis					
Hallucinogens (e.g LSD, Ketamine, mushrooms)					
Inhalants (e.g glue, petrol, aerosols)					
Stimulants (e.g speed, ice, cocaine)					
Pills (e.g MDMA, ecstasy)					
Opioids (e.g heroin, codeine, endone)					
Caffeine / Energy drinks					
Other					

Have you ever injected drugs? ☐ YES ☐ NO

Are you ever worried about your substance use? ☐ YES ☐ NO

Is anyone else worried about your substance use? ☐ YES ☐ NO

Completed by: ☐ **Young Person** ☐ **Someone Else:** .....

Your Name: .....

Signature: .....

Date: .....

Please submit completed form to the Intake Team at New Farm – referrals.nfc@ramsayhealth.com.au. Thank you

Email Completed Form

Reset Form

BINDING MARGIN - DO NOT WRITE

YOUTH HEALTH AND SAFETY SCREENING (14-25 YEARS OLD) NFC 133 CL