

ONLINE ENQUIRY FORM

Client Name:

Date of birth: Pronouns:

Phone:

Can we contact you via SMS? Yes No

Email:

Preferred method of contact SMS Phone Email

Emergency Contact Name:

Emergency Contact Phone:

Emergency Contact Email:

Relationship to the person making the enquiry:

Do you identify as:

Aboriginal Torres Strait Islander

Aboriginal and Torres Strait Islander Neither

Country of birth:

What is the main language spoken at home?

Do you hold a Health Care Card? Yes No

What is your main form of income?

Are you currently working? Yes No

If yes, is this work full-time, part-time, etc?

Do you live, work or study in the ACT? Yes No

Could you tell us a little about how we might be able to assist you?

Do you have a mental health treatment plan? Yes No

Can we contact you with the information about the services of Meridian Wellbeing Services? Yes No

I have read and accept Meridian Wellbeing Service's [Privacy Policy](#).

The information collected in this form is intended to enable staff of Meridian Wellbeing Services to fully meet the needs of our clients. If you have any questions in relation to this form, please contact our team on 02 6257 2855.

Please email your form to wellbeingservices@meridianact.org.au once completed.