

Consumer Information

To collect common demographic and other essential consumer information that can be shared with another agency.

Consumer

Name: _____

Date of Birth: dd/mm/yyyy / /

Sex: _____

UR Number: _____

or affix label here

Consumer details

Family Name: _____

Given Names: _____

Date of Birth: dd/mm/yyyy / /

Is the date of birth estimated? _____ Code:

Preferred Name/s: _____

Sex: _____ Code: Title: _____

Contact Address (for correspondence, home visits etc.)

Usual Address (if different from contact address)

Contact phone number/s Can leave message?
(check preferred number)

Home: () Yes No

Work: () Yes No

Mobile: Yes No

Email: Yes No

Country of Birth: _____ Code:

Indigenous Status: _____ Code:

Need for Interpreter Services: _____ Code:

Preferred Language: _____ Code:

Communication Method: _____ Code:

General Practitioner (if no GP, write NA)

Name: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Who the Agency Can Contact if Necessary

(e.g. carer, parent, case manager, next of kin, guardian, friend, emergency contact)

Person 1 Name: _____

Contact Address

Phone numbers

Home: _____

Work: _____

Mobile: _____

Relationship to Consumer: _____ Code:

Is this person the consumer's carer? _____ Code:

Person 2 Name: _____

Address: _____

Phone: _____

Government Pension/Benefit Status: _____ Code:

Health Care Card Holder Status: _____ Code:

Card number: _____

Medicare Card:

Card number: _____

Health Insurance Status:

Insurer name: _____

Card number: _____

DVA Card Entitlement:

DVA card type: _____ Code:

DVA card number: _____

Compensables Funding Source: _____ Code:

Comments:

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