Consumer information

Purpose: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:

Preferred name/s:

Date of birth: dd/mm/yyyy / /

Is the date of birth estimated? ☐

Gender: **Title:**

Home address

Post code:

Postal address (if different from above):

Post code:

Contact phone numbers Can leave message?
(tick preferred number)

☐ Home: ( ) ☐ Yes ☐ No

☐ Work: ( ) ☐ Yes ☐ No

☐ Mobile: ☐ Yes ☐ No

☐ Email: ☐ Yes ☐ No

Are you a carer or care recipient? ☐

Who the agency can contact if necessary

(for example. carer, parent, next of kin, guardian, friend, emergency contact, case manager, support worker)

Contact 1 Name:
Address

Post code:

Phone numbers
Home:

Work:

Mobile:

Relationship to consumer:

Contact 2 Name:
Address

Post code:

Phone numbers
Home:

Work:

Mobile:

Relationship to Consumer:

Employment/student status

Comments:

Country of birth:

Indigenous status:

Are you of Aboriginal and/or a Torres Strait Islander origin?

Refugee status: ☐ Yes ☐ No ☐ Not stated/unknown

If yes, year of arrival:

Need for interpreter services:

Preferred language:

Communication method:

General Practitioner (GP)

GP name:

Practice name:

Address:

Phone:

Fax:

Government pension/benefit status:
If on a disability support pension ☐
Nature of disability:

Health care card/Pension holder status ☐
Card number:

Medicare card & status: ☐
Card number:

Health insurance status: ☐
Insurer name:
Card number:

DVA card entitlement: ☐
DVA card type:
DVA card number:

Compensable funding source: ☐

Comments

Produced by the Victorian Department of Health, 2012

This information collected by:

Name: Position/Agency:

Sign: Date: dd/mm/yyyy / / Contact number: