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| Consumer informationPurpose:to collect common demographic and other essential consumer information that can be shared with another agency. |  | **Consumer**Consumer informationName:      Date of Birth: dd/mm/yyyy    /    /    Sex:      UR Number:      or affix label here |

Consumer details Who the agency can contact if necessary

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| **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 [ ]  NoAre you a carer or care recipient? [ ]  |  | *(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 numbersHome:      Work:      Mobile:      Relationship to Consumer:        |

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| Employment/student status  |  | **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:** [ ]

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| Comments      |

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| 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:       |

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|  |  | Produced by the Victorian Department of Health, 2012 |
| This information collected by: | CI pg 1 of 1 |
| Name:       | Position/Agency:       |
| Sign: | Date: dd/mm/yyyy    /    /     | Contact number:       |