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? Code: ☐
Gender: Code: ☐ **Title:**
Home address

Post code:
Postal address (if different from above):

Post code:
Contact phone numbers *(tick preferred number)* Can leave message?
☐ Home: ( ) ☐ Yes ☐ No
☐ Work: ( ) ☐ Yes ☐ No
☐ Mobile: ☐ Yes ☐ No
☐ Email: ☐ Yes ☐ No
Are you a carer or care recipient? Code: ☐

Employment/student status

Code: ☐
Comments:

Country of birth: ____________________ Code: ☐
Indigenous status: ____________________ Code: ☐
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: ____________ Code: ☐
Preferred language: ____________ Code: ☐
Communication method: ____________ Code: ☐

General Practitioner (GP)

GP name:
Practice name:
Address:
Phone:
Fax:

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: Code: ☐

Contact 2 Name:
Address

Post code:
Phone numbers
Home:
Work:
Mobile:
Relationship to Consumer: Code: ☐

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

Health care card holder status: Code: ☐
Card number:

Medicare card & status: Code: ☐
Card number:

Health insurance status: Code: ☐
Insurer name:
Card number:

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

Compensable funding source: Code: ☐

Comments

Consumer information

Produced by the Victorian Department of Health, 2012

This information collected by:

Name: Position/Agency:
Sign: Date: dd/mm/yyyy / / Contact number: