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| Consumer information  Purpose:to collect common demographic and other essential consumer information that can be shared with another agency. |  | **Consumer**  Consumer information  Name:  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  No  Are 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 numbers  Home:  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:**   |  | | --- | | Comments | |
| 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: |