

# 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 (check preferred number) Can leave message?

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: \_\_\_\_\_ Code:

DVA card type: \_\_\_\_\_ Code:

DVA card number: \_\_\_\_\_

Compensables Funding Source: \_\_\_\_\_ Code:

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Consumer Information

This information collected by:

Name: \_\_\_\_\_ Position/Agency: \_\_\_\_\_

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