

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):

Contact phone numbers

(tick preferred number)

Post code: _____
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: Code: ☐

DVA card type: _____

DVA card number: _____

Compensable funding source: Code: ☐

Comments

Consumer information

Produced by the Victorian Department of Health, 2012

This information collected by:

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Name: _____

Position/Agency: _____

Sign: _____

Date: dd/mm/yyyy / /

Contact number: _____