

# *Aged Community & Mental Health Community Health Coordination*

## *Monthly Return* **Registered Clients Report**

**C4 Part 1**

**Human  
Service**



**Peoplefirst**

Refer to the Agency Information Management System Manual for instructions on completing this form.

<b>Hospital:</b>				
<b>Agency:</b>	<b>Agency Code:</b>	<b>Month:</b>	<b>Year:</b>	

Age Group	Aboriginal/Torres Strait Islander Clients		Non Aboriginal/Torres Strait Islander Clients		Total Clients
	Males	Females	Males	Females	
0-9 yrs					
10-19 yrs					
20-29 yrs					
30-39 yrs					
40-49 yrs					
50-59 yrs					
60-69 yrs					
70-79 yrs					
80 yrs & over					
<b>Total</b>					

# *Aged Community & Mental Health Community Health Coordination*

## *Monthly Return* Registered Clients Report

Human  
Services



Peoplefirst

**C4 Part 2**

<b>Hospital:</b>			
<b>Agency:</b>	<b>Agency Code:</b>	<b>Month:</b>	<b>Year:</b>

Country of Birth	Total Clients
Australia	
United Kingdom*	
Italy	
Greece	
Vietnam	
New Zealand	
Germany, Federal Republic of	
China (excluding Taiwan Province)	
Netherlands	
India	
Malta	
Sri Lanka	
Malaysia	
Poland	
Other	
Not Stated	
Total	

\* Comprises England, Scotland, Wales, Northern Ireland, the Channel Islands and Isle of Man

Language Spoken at Home	Total Clients
English	
Italian	
Greek	
Chinese Languages	
Vietnamese	
Arabic (including Lebanese)	
Macedonian	
German	
Croatian	
Turkish	
Maltese	
Spanish	
Polish	
Other	
Not Stated	
Total	

***Client Profile Form***  
**Community Health Monthly Return**

**C4 Part 2**

<b>Income Source</b>	<b>Total Clients</b>
Age Pension	
Wife Pension	
Disability Support Pension	
Sickness Allowance	
Carer Payment	
Widow Allowance	
Newstart Allowance	
Mature Age Allowance	
Partner Allowance	
Youth Training Allowance	
AUSTUDY / ABSTUDY	
Other Government Pension	
Employment	
Other	
Total	
Signed (Chief Executive Officer): _____ Date: _____	