# 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:**

DVA card type: Code: ☐

DVA card number:

**Compensables Funding Source:** _____ Code: ☐

**Comments:**

**Consumer Information**

**Produced by the Victorian Department of Human Services, 2006**

**This information collected by:**



Name: Position/Agency:

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