REGISTRATION (PR1)
Demographics

You must also complete PR 1A as part of registration

Local Patient Identifier

FAMILY NAME

Campus Name	Client MHA	GIVEN NAME	ALIAS
Client Region		DATE OF BIRTH	SEX / GENDER

Mental Health Statewide UR Number

Place patient identification label above

Registration Date	Home No.	Mobile No.

Address No. and Street	Suburb/Town Locality	Postcode
	Email	

Medicare Number **Medicare Suffix** **Expiry**

Preferred Language **Interpreter required** ☐ Yes ☐ No ☐ Not Stated **Country of Birth**

Indigenous status ☐ Not ATSI ☐ Aboriginal/Torres Strait Islander ☐ Aboriginal not TSI ☐ TSI not Aboriginal ☐ Refused to answer ☐ Not able to be asked

Pension/ DVA Benefit ☐ Aged ☐ Unemployment ☐ Disability ☐ Sickness ☐ Unknown ☐ None ☐ Other

Pension/DVA Number **Expiry**

Religion

Marital Status ☐ Never married ☐ Widowed ☐ Married/Defacto ☐ Separated ☐ Divorced ☐ Not stated/ Inadequately described

PLEASE TICK BOXES AS APPROPRIATE

Living Status
☐ Client Alone ☐ Defacto/husband/wife ☐ Children (dependent) ☐ Residential (limited support) ☐ Unknown
☐ Siblings ☐ Defacto/husband/wife and children ☐ Other relatives ☐ Residential (no support) ☐ Not Stated
☐ Friends ☐ Parents/Defacto/husband/Wife & children ☐ Residential (full support) ☐ Others (in care arrangement) ☐ Other
☐ Parents ☐ Children (non dependent)

Housing
☐ House or flat ☐ Independent Unit as Part of Retirement Village ☐ Homeless Persons Shelter ☐ Acute Hospital
☐ Boarding ☐ Residential Care Services ☐ Psychiatric Hospital ☐ No Usual Residence
☐ Group Home ☐ Hostel Type Accommodation ☐ Community Residential Service ☐ Not Specified
☐ Caravan ☐ Supported Residential Service ☐ Other Accommodation

Carer Availability
☐ Carer Not Needed/Not applicable ☐ Lives with another, has no carer ☐ Lives in a mutually dependent situation
☐ Lives alone, Has a Carer ☐ Lives with another, has a resident carer ☐ Missing or Not recorded
☐ Lives alone, has no carer ☐ Lives with another, has a non resident carer

Employment Status
☐ Home duties ☐ Child not at school ☐ Unemployed/pensioner ☐ Other
☐ Employed ☐ Student ☐ Unknown

Occupation

Education
☐ Tertiary completed ☐ Secondary Year 11-12 ☐ Primary ☐ Other ☐ Unknown
☐ Tertiary commenced ☐ Secondary 7-10 ☐ Vocational ☐ Never attended ☐ Not Stated/ Inadequately described

Referral Source OR Referral Services
☐ Acute Health ☐ Accommodation ☐ Drug and Alcohol ☐ Indigenous Persons Support ☐ Private Psychiatrist
☐ Ambulance ☐ Aged Care Assessment ☐ Education ☐ Intellectual Disability ☐ Residential Support
☐ Client/Self ☐ Child & Family Support ☐ Emergency Dept ☐ Juvenile Justice ☐ Sexual Assault Service
☐ Family ☐ Child Protection ☐ Employment ☐ Migrant Resource ☐ Transfer from other hospital
☐ Friend ☐ Community Health ☐ Financial ☐ Not Applicable ☐ Unknown
☐ Police ☐ Correctional ☐ General Practitioner ☐ Other private practitioners
☐ Crisis Service ☐ Counselling ☐ Home Support Service ☐ Outpatients (this or other hospital)
☐ Youth Services ☐ Domestic Violence Support Agency ☐ Hospital in the Home ☐ Psychiatric Disability Support (PDSS)

Referring Person Name:	Telephone:
Referring Address:	Fax:

Important: Complete Carer contact details including Nominated Support Person status. **Tick boxes only if applicable**

Main Primary Carer	Name		Start Date	
	Relationship		End Date	
	Address		Tel: (M)	☐ Next of Kin ☐ Nominated Support Person ☐ Do not contact ☐ Mail list
	Email	Postcode	Tel: (H/W)	
Other Carer	Name		Start Date	
	Relationship		End Date	
	Address		Tel: (M)	☐ Next of Kin ☐ Nominated Support Person ☐ Do not contact ☐ Mail list
	Email	Postcode	Tel: (H/W)	
Local Doctor	Name	Tel: (M)	Fax:	
	Address		Tel: (W)	
	Email	Postcode	☐ Update only	Signature:

Original – medical record *Copy – office use* *NOTE: Complete PR1A REGISTRATION - Legal & Clinical*

PR1
ROLLS AUSTRALIA 1300 600 192
JULY 2023