

# Care relationship, family and social network

Purpose: to assist service providers to understand care relationships and family and support networks such as friends and significant others who are involved in the consumer's life.

## Consumer

Name:

Date of Birth: dd/mm/yyyy / /

Sex:

UR Number:

or affix label here

## Care relationship *(carer or care recipient)*

Name	M or F	Date of birth <i>(or age in years)</i>	Relationship to consumer Code:	Relationship considerations <i>(strengths and risks)</i>	Contact details	Employment or student status Code:	Lives in consumer's home Code:	Is there an emergency care plan in place? Yes/No

## Family and social support *(for example: parents, guardian, children, adolescents, support workers, significant others other than those in the care relationship)*

Name	M or F	Date of birth <i>(or age in years)</i>	Relationship to consumer Code:	Relationship Considerations <i>(strengths and risks)</i>	Contact details	Employment or student status Code:	Lives in consumer's home Yes/No

## Pregnancy and family support

Is the consumer pregnant?  Yes  No  Not stated/unknown

**If yes:**

Has the consumer accessed or organised antenatal care (private or through a hospital clinic)? \_\_\_\_\_

Has the consumer organised or booked into the hospital or have a midwife arranged for your birth (in the case of a planned home birth)? \_\_\_\_\_

Is there any other children who will be caring for the consumer's children when the consumer is having the baby?  
\_\_\_\_\_

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This information collected by:

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Name:

Position/Agency:

Sign:

Date: dd/mm/yyyy / /

Contact number:

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