

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.
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Address No. and Street	Suburb/Town Locality	Postcode
Email		

Medicare Number	Medicare Suffix	Expiry
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Preferred Language	Interpreter required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated	Country of Birth
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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	Marital Status <input type="checkbox"/> Never married <input type="checkbox"/> Widowed <input type="checkbox"/> Married/Defacto <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Not stated/ Inadequately described
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Religion

Living Status <input type="checkbox"/> Client Alone <input type="checkbox"/> Siblings <input type="checkbox"/> Friends <input type="checkbox"/> Parents <input type="checkbox"/> Defacto/husband/wife <input type="checkbox"/> Defacto/husband/wife and children <input type="checkbox"/> Parents/Defacto/husband/Wife & children <input type="checkbox"/> Children (non dependent)	Children (dependent) Other relatives Residential (full support)	Residential (limited support) Residential (no support) Others (in care arrangement)	Unknown Not Stated Other
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Housing

<input type="checkbox"/> House or flat <input type="checkbox"/> Boarding <input type="checkbox"/> Group Home <input type="checkbox"/> Caravan	<input type="checkbox"/> Independent Unit as Part of Retirement Village <input type="checkbox"/> Residential Care Services <input type="checkbox"/> Hostel Type Accommodation <input type="checkbox"/> Supported Residential Service	<input type="checkbox"/> Homeless Persons Shelter <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Community Residential Service <input type="checkbox"/> Other Accommodation	<input type="checkbox"/> Acute Hospital <input type="checkbox"/> No Usual Residence <input type="checkbox"/> Not Specified
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Carer Availability

<input type="checkbox"/> Carer Not Needed/Not applicable <input type="checkbox"/> Lives alone, Has a Carer <input type="checkbox"/> Lives alone, has no carer	<input type="checkbox"/> Lives with another, has no carer <input type="checkbox"/> Lives with another, has a resident carer <input type="checkbox"/> Lives with another, has a non resident carer	<input type="checkbox"/> Lives in a mutually dependent situation <input type="checkbox"/> Missing or Not recorded
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Employment Status

<input type="checkbox"/> Home duties <input type="checkbox"/> Child not at school <input type="checkbox"/> Unemployed/pensioner <input type="checkbox"/> Other <input type="checkbox"/> Employed <input type="checkbox"/> Student <input type="checkbox"/> Unknown	Occupation
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Education

<input type="checkbox"/> Tertiary completed <input type="checkbox"/> Tertiary commenced	<input type="checkbox"/> Secondary Year 11-12 <input type="checkbox"/> Secondary 7-10	<input type="checkbox"/> Primary <input type="checkbox"/> Vocational	<input type="checkbox"/> Other <input type="checkbox"/> Never attended <input type="checkbox"/> Unknown <input type="checkbox"/> Not Stated/ Inadequately described
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Referral Source OR Referral Services

<input type="checkbox"/> Acute Health <input type="checkbox"/> Ambulance <input type="checkbox"/> Client/Self <input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Police <input type="checkbox"/> Crisis Service <input type="checkbox"/> Youth Services	<input type="checkbox"/> Accommodation <input type="checkbox"/> Aged Care Assessment <input type="checkbox"/> Child & Family Support <input type="checkbox"/> Child Protection <input type="checkbox"/> Community Health <input type="checkbox"/> Correctional <input type="checkbox"/> Counselling <input type="checkbox"/> Domestic Violence Support Agency	<input type="checkbox"/> Drug and Alcohol <input type="checkbox"/> Education <input type="checkbox"/> Emergency Dept <input type="checkbox"/> Employment <input type="checkbox"/> Financial <input type="checkbox"/> General Practitioner <input type="checkbox"/> Home Support Service <input type="checkbox"/> Hospital in the Home	<input type="checkbox"/> Indigenous Persons Support <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Migrant Resource <input type="checkbox"/> Not Applicable <input type="checkbox"/> Other private practitioners <input type="checkbox"/> Outpatients (this or other hospital) <input type="checkbox"/> Psychiatric Disability Support (PDSS)	<input type="checkbox"/> Private Psychiatrist <input type="checkbox"/> Residential Support <input type="checkbox"/> Sexual Assault Service <input type="checkbox"/> Transfer from other hospital <input type="checkbox"/> Unknown
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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)	<input type="checkbox"/> Next of Kin <input type="checkbox"/> Nominated Support Person <input type="checkbox"/> Do not contact <input type="checkbox"/> Mail list
	Email	Postcode	Tel: (H/W)

Other Carer	Name	Start Date	
	Relationship	End Date	
	Address	Tel: (M)	<input type="checkbox"/> Next of Kin <input type="checkbox"/> Nominated Support Person <input type="checkbox"/> Do not contact <input type="checkbox"/> Mail list
	Email	Postcode	Tel: (H/W)

Local Doctor	Name	Tel: (M)	Fax:
	Address	Tel: (W)	
	Email	Postcode	<input type="checkbox"/> Update only Signature:



PR1

PLEASE TICK BOXES AS APPROPRIATE

ROLLS AUSTRALIA 1300 600 192

JULY 2023