



PR1

PLEASE TICK BOXES AS APPROPRIATE

ROLLS AUSTRALIA 1300 600 192

JULY 2023

<b>REGISTRATION (PR1)</b> <b>Demographics</b> 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		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated		Country of Birth													
Indigenous status		<input type="checkbox"/> Not ATSI <input type="checkbox"/> Aboriginal/Torres Strait Islander <input type="checkbox"/> Aboriginal not TSI <input type="checkbox"/> TSI not Aboriginal <input type="checkbox"/> Refused to answer <input type="checkbox"/> Not able to be asked																				
Pension/ DVA Benefit		<input type="checkbox"/> Aged <input type="checkbox"/> Unemployment <input type="checkbox"/> Disability <input type="checkbox"/> Sickness <input type="checkbox"/> Unknown <input type="checkbox"/> None <input type="checkbox"/> 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													
Religion																						
Living Status		<input type="checkbox"/> Client Alone <input type="checkbox"/> Defacto/husband/wife <input type="checkbox"/> Children ( dependent) <input type="checkbox"/> Residential (limited support) <input type="checkbox"/> Unknown <input type="checkbox"/> Siblings <input type="checkbox"/> Defacto/husband/wife and children <input type="checkbox"/> Other relatives <input type="checkbox"/> Residential (no support) <input type="checkbox"/> Not Stated <input type="checkbox"/> Friends <input type="checkbox"/> Parents/Defacto/husband/Wife & children <input type="checkbox"/> Residential (full support) <input type="checkbox"/> Others (in care arrangement) <input type="checkbox"/> Other <input type="checkbox"/> Parents <input type="checkbox"/> Children ( non dependent)																				
Housing		<input type="checkbox"/> House or flat <input type="checkbox"/> Independent Unit as Part of Retirement Village <input type="checkbox"/> Homeless Persons Shelter <input type="checkbox"/> Acute Hospital <input type="checkbox"/> Boarding <input type="checkbox"/> Residential Care Services <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> No Usual Residence <input type="checkbox"/> Group Home <input type="checkbox"/> Hostel Type Accommodation <input type="checkbox"/> Community Residential Service <input type="checkbox"/> Not Specified <input type="checkbox"/> Caravan <input type="checkbox"/> Supported Residential Service <input type="checkbox"/> Other Accommodation																				
Carer Availability		<input type="checkbox"/> Carer Not Needed/Not applicable <input type="checkbox"/> Lives with another, has no carer <input type="checkbox"/> Lives in a mutually dependent situation <input type="checkbox"/> Lives alone, Has a Carer <input type="checkbox"/> Lives with another, has a resident carer <input type="checkbox"/> Missing or Not recorded <input type="checkbox"/> Lives alone, has no carer <input type="checkbox"/> Lives with another, has a non resident carer																				
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										
Education		<input type="checkbox"/> Tertiary completed <input type="checkbox"/> Secondary Year 11-12 <input type="checkbox"/> Primary <input type="checkbox"/> Other <input type="checkbox"/> Unknown <input type="checkbox"/> Tertiary commenced <input type="checkbox"/> Secondary 7-10 <input type="checkbox"/> Vocational <input type="checkbox"/> Never attended <input type="checkbox"/> Not Stated/ Inadequately described																				
Referral Source OR Referral Services		<input type="checkbox"/> Acute Health <input type="checkbox"/> Accommodation <input type="checkbox"/> Drug and Alcohol <input type="checkbox"/> Indigenous Persons Support <input type="checkbox"/> Private Psychiatrist <input type="checkbox"/> Ambulance <input type="checkbox"/> Aged Care Assessment <input type="checkbox"/> Education <input type="checkbox"/> Intellectual Disability <input type="checkbox"/> Residential Support <input type="checkbox"/> Client/Self <input type="checkbox"/> Child & Family Support <input type="checkbox"/> Emergency Dept <input type="checkbox"/> Juvenile Justice <input type="checkbox"/> Sexual Assault Service <input type="checkbox"/> Family <input type="checkbox"/> Child Protection <input type="checkbox"/> Employment <input type="checkbox"/> Migrant Resource <input type="checkbox"/> Transfer from other hospital <input type="checkbox"/> Friend <input type="checkbox"/> Community Health <input type="checkbox"/> Financial <input type="checkbox"/> Not Applicable <input type="checkbox"/> Unknown <input type="checkbox"/> Police <input type="checkbox"/> Correctional <input type="checkbox"/> General Practitioner <input type="checkbox"/> Other private practitioners <input type="checkbox"/> Crisis Service <input type="checkbox"/> Counselling <input type="checkbox"/> Home Support Service <input type="checkbox"/> Outpatients (this or other hospital) <input type="checkbox"/> Youth Services <input type="checkbox"/> Domestic Violence Support Agency <input type="checkbox"/> Hospital in the Home <input type="checkbox"/> 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)					<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:						

REGISTRATION – Demographics

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